Measles **alert**

Science

☰

Moderna Therapeutics is betting that messenger RNA can turn cells into factories for missing proteins. V. ALTOUNIAN/*SCIENCE*

Can a multibillion-dollar biotech prove its RNA drugs are safe for a rare disease?

By **Kelly Servick** | Dec. 19, 2017 , 12:15 PM

MRNA excites scientists because its powers are broad. If you can put new mRNA into a cell, you can theoretically tell it to make any protein. Missing an enzyme that helps break down food? Send in mRNA to resupply it. Need to heal tissue around a damaged heart? Inject mRNA coding for a growth-promoting protein. "I don't know if I've ever been more excited about a class of drug than I am about [mRNA]," Whitehead says.

But lots can go wrong when you try to sneak such molecules into the body. Our immune system has evolved to recognize RNA from outside the cell as an invading virus and attack it. The protective nanoparticles made of lipids commonly used to encapsulate mRNA can also trigger immune reactions and damage the liver at high doses. And the body might even recognize the newly produced protein as foreign—a problem if you're trying to replace a vital protein that's missing. Any of those responses could render an mRNA drug toxic at doses still too low to treat disease.

Can mRNA disrupt the drug industry?

Share

Messenger RNA technology promises to turn our bodies into medicine-making factories. But first Moderna—and a long list of old and new competitors—needs to overcome some major scientific challenges

by *Ryan Cross*

"We saw these mice not only surviving but gaining weight, turning almost into a normal mouse," Martini says. "These data I think [are] the validation, at least in animal models, that this messenger RNA therapy could work."

Other researchers want to see much more evidence of long-term safety. "This is a good first step," says geneticist Inder Verma of the Salk Institute for Biological Studies in San Diego, California. He would have liked to see the mice followed for longer and given even higher doses, he says. In a study published earlier this year, his team, along with scientists at Arcturus Therapeutics, **treated hemophilia in mice** using mRNA that encodes a clotting protein. The drug, administered in three doses over 5 months, did prompt temporary spikes in certain inflammatory molecules, which indicate a mild immune reaction to the drug. "I don't think our paper or this paper adequately addresses the issue of long-term toxicity due to the immune system," Verma says.

To please regulators that would ultimately greenlight clinical trials, Moderna will have to show its drug is still safe at a dose 10 times higher than what's needed to treat the disease—something the new paper doesn't demonstrate, says geneticist Michael Heartlein, chief technical officer at the competing mRNA company Translate Bio in Cambridge. "That's what I'd like to see, to really nail it and say, 'Hey, they've really got something that's viable for the clinic.'" (Translate is planning human trials with repeated doses of its own mRNA drug for both cystic

new tube and was mixed with 600 μL RLT buffer immediately. Two hundred μL of supernatant were mixed with 600 μL RLT buffer. Samples in RLT buffer were used for RNA isolation. Fat layer samples in RLT buffer were centrifuged for 1 min 10000g at 4°C and fat was removed from samples before RNA isolation.

BNT162b2 (Pfizer) and mRNA-1273 (Moderna) mRNA PCR - RNA was isolated from samples using the RNeasy Mini Kit (Qiagen) according to manufacturer's protocol. RNA concentration was measured using nanodrop and samples that had >10ng/μl total RNA were used for RT reaction. 150-500ng RNA was transcribed into cDNA using qScript cDNA synthesis kit (Quantabio) according to the manufacturer's protocol. Primers were design to detect the vaccines mRNA, and BNT162b2 (Pfizer) and mRNA-1273 (Moderna) commercial vaccine was used to determine primers specificity and sensitivity. Forward primer: AACGCCACCAACGTGGTCATC. Reverse primer: GTTGTTGGCGCTGCTGTACAC. For positive control, 30 μL (200ng/μL) of mRNA-1273 (Moderna) were spiked-in to 500 μL of whole milk (12ng/μL). This sample was diluted in 1:100 in whole milk to create the 0.12ng/μL sample. The spiked in samples were mixed with RNAlater in 1:1 ration and treated as described above for RNA isolation from milk samples.

QuantaStudio 6 Flex (Applied Biosystems) instrument and SsoFast EvaGreen supermix (Bio-Rad) were used for PCR reaction: 30 second 95°C followed by 45 cycles of 5 second 95°C and 20 seconds 60°C.

All samples were run in triplicate as 20 μL reactions, containing 10 ng cDNA. Ct values ≥40 were interpreted as a negative result (BDL, below detectable levels). Threshold was set based on negative controls of pre-vaccine samples and NTC. For vaccines cDNA standard curves, 100pg/μL vaccine mRNA (as cDNA) sample was used for serial dilution in 1:2 ratio, up to 0.0975 pg/μL. Two μL of these diluted samples were used in each well to create standard

layer) using the RNeasy Mini Kit (Qiagen) according to manufacturer's protocol. We performed

RT-qPCR in triplicate using specific primers (supplementary materials) targeting the vaccines

mRNA for SARS-CoV-2 spike protein. mRNA-1273 (Moderna) vaccine was spiked into pre-

vaccine milk sample before RNA isolation and served as a positive control for this assay. Pre-

vaccine samples served as negative controls.

Results:

Post-vaccine human milk samples were collected from six individuals 4-48 hours after

administration, 5 vaccinated with BNT162b2 (Pfizer) and 1 individual with mRNA-1273

(Moderna) vaccine (**Table 1**). We first optimized our RT-qPCR by isolating the residual vaccine

mRNA from vials, showing that our assay is capable to detect up to 1.5 pico grams of the

mRNA-1273 vaccine cDNA and up to 0.195 pico grams of the BNT162b2 vaccine (**Figure 1A**).

We next used pre-vaccine milk samples and spiked-in the mRNA-1273 vaccine (12 and

0.12[...] spiked-in milk samples. We were able to dete[...] spiked-in vaccine mRNA in these samples

(**Figure 1B**), with higher levels of vaccine mRNA in fat layer fraction (**Figure 1B**). We next

analyzed 12 post-vaccine samples (4-48 hours post vaccine, **Table 1**) and found that none of

the samples from vaccinated lactating mothers showed detectable levels of vaccine mRNA in

milk fat layer or milk supernatant at any time point (7 samples from 24h post vaccine are shown

in **Figure 1B**).

Conclusion:

We show here that the mRNA from anti-COVID vaccines is not detected in human breast milk

samples collected 4-48 hours post-vaccine. These results strengthen the recommendation of

ABM and WHO that lactating individuals who receive the anti-COVID-19 mRNA-based vaccine

should continue to breastfeed their infants uninterrupted. Clinical data from larger populations

3

A Unvaccinated n = 20

	D614G	Beta	C.1.2	Delta	Omicron
GMT	160	99	185	218	4288
Fold	27	43	23	20	-
K/O %	25	45	30	25	-

B Vaccinated n = 7

	D614G	Beta	C.1.2	Delta	Omicron
GMT	25263	2913	4506	3004	12197
Fold	0.5	4	3	4	-
K/O %	0	0	0	0	-

C

Fold	D614G	Beta	Delta	Omicron
	158	29	14	3

□ Unvaccinated   ■ Vaccinated
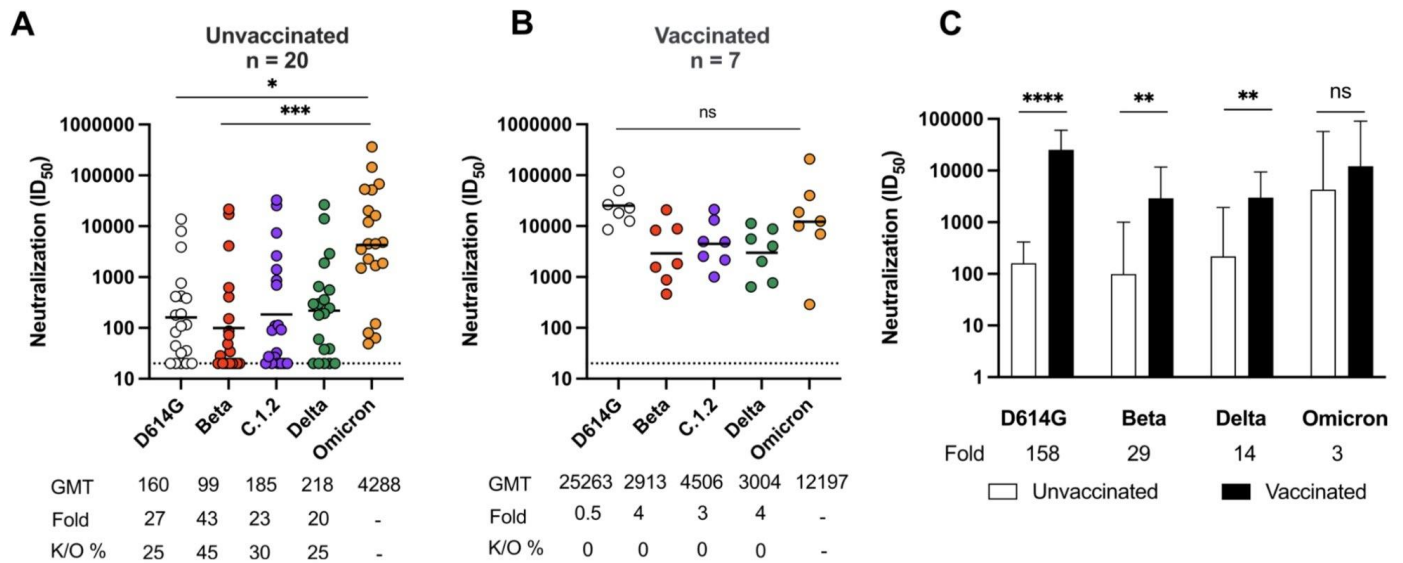
Figure 2: Omicron triggers cross-variant neutralizing antibodies which are broadened by vaccination

14 and 3-fold for D614G, Beta, Delta and Omicron respectively) compared to those seen for Fc effector functions and binding which ranged from 1 to 3 fold (Figure 1 C, F, I). Notably, Omicron infection elicited robust and similar neutralization titers against itself regardless of vaccination status.

While the neutralization resistance of Omicron is now well-defined, here we address the

Advanced

GenBank ▾   Send to: ▾

Synthetic construct HCV1146 Moderna (mRNA-1273) SARS-CoV-2 vaccine sequence

GenBank: OK120841.1

FASTA   Graphics   PopSet

Go to: ☑

```
LOCUS       OK120841               3828 bp    RNA     linear   SYN 28-SEP-2021
DEFINITION  Synthetic construct HCV1146 Moderna (mRNA-1273) SARS-CoV-2 vaccine
            sequence.
ACCESSION   OK120841
VERSION     OK120841.1
KEYWORDS    .
SOURCE      synthetic construct
  ORGANISM  synthetic construct
            other sequences; artificial sequences.
REFERENCE   1  (bases 1 to 3828)
  AUTHORS   Castruita,J.A.S., Schneider,U.V., Mollerup,S., Leineweber,T.D.,
            is,N., Bukh,J., Pedersen,M.S. and Westh,H.
  TITLE     SARS-CoV-2 spike mRNA vaccine sequences circulate in blood up to at
            least 28 days after COVID-19 vaccination
  JOURNAL   Unpublished
REFERENCE   2  (bases 1 to 3828)
  AUTHORS   Castruita,J.A.S., Schneider,U.V., Mollerup,S., Leineweber,T.D.,
            Weis,N., Bukh,J., Pedersen,M.S. and Westh,H.
  TITLE     Direct Submission
  JOURNAL   Submitted (10-SEP-2021) Department of Clinical Microbiology,
            Copenhagen University Hospital Amager-Hvidovre, University of
            Copenhagen, Kettegaard Alle 30, Hvidovre 2650, Danmark
COMMENT     ##Assembly-Data-START##
            Assembly Method       :: BWA v. 0.7.16; GATK v. 4.2.0.0; BEDTools
                                     v. 2.30.0
            Sequencing Technology :: Illumina
            ##Assembly-Data-END##
FEATURES             Location/Qualifiers
     source          1..3828
                     /organism="synthetic construct"
                     /mol_type="other RNA"
                     /isolate="HCV1146"
                     /host="Homo sapiens"
                     /db_xref="taxon:32630"
                     /tissue_type="plasma"
                     /country="Denmark"
                     /collection_date="15-Jul-2021"
                     /note="sample library 25594"
     misc_feature    1..3828
                     /note="Moderna (mRNA-1273) SARS-CoV-2 vaccine sequence;
                     detected in patient plasma day 5 after dose 2"
ORIGIN
        1 atgttcgtgt tcctggtgct gctgcccctg gtgagcagcc agtgcgtgaa cctgaccacc
       61 cggacccagc tgccaccagc ctacaccaac agcttcaccc ggggcgtcta ctaccccagc
      121 aaggtgttcc ggagcagcgt cctgcacagc acccaggacc tgttcctgcc cttcttcagc
      181 aacgtgacct ggttccacgc catccacgtg agcggcacca acggcaccaa gcggttcgac
      241 aaccccgtgc tgcccttcaa cgacggcgtg tacttcgcca gcaccgagaa gagcaacatc
      301 atccggggct ggatcttcgg caccaccctg gacagcaaga cccagagcct gctgatcgtg
      361 aataacgcca ccaacgtggt gatcaaggtg tgcgagttcc agttctgcaa cgaccccttc
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      541 ggcaagcagg gcaacttcaa gaacctgcgg gagttcgtgt tcaagaacat cgacggctac
      601 ttcaagatct acagcaagca caccccaatc aacctggtgc gggatctgcc ccagggcttc
      661 tcagccctgg agcccctggt ggacctgccc atcggcatca acatcacccg gttccagacc
      721 ctgctggccc tgcaccggag ctacctgacc ccaggcgaca gcagcagcgg gtggacagca
      781 ggcgcggctg cttactacgt gggctacctg cagcccggga ccttcctgct gaagtacaac
      841 gagaacggca ccatcaccga cgccgtggac tgcgccctgg accctctgag cgagaccaag
      901 tgcacccctga agagcttcac cgtggagaag ggcatctacc agaccagcaa cttccgggtg
      961 cagcccaccg agagcatcgt gcggttcccc aacatcacca cctgtgccc cttcggcgag
     1021 gtgttcaacg ccacccggtt cgccagcgtg tacgcctgga accggaagcg gatcagcaac
     1081 tgcgtggccg actacagcgt gctgtacaac agcgccagct tcagcacctt caagtgctac
     1141 ggcgtgagcc ccaccaagct gaacgacctg tgcttcacca acgtgtacgc cgacagcttc
     1201 gtgatccgtg cgacgaggt gcggcagatc gcaccggcc agacaggcaa gatcgccgac
     1261 tacaactaca agctgcccga cgacttcacc ggctgcgtga tgcctggaa cagcaacaac
     1321 ctcgacagca aggtgggcgg caactacaac tacctgtacc ggctgttccg gaagagcaac
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Daoyu
@Daoyu15

Account suspended

Twitter suspends accounts that violate the Twitter Rules. Learn more

This work remains, unequivocally, the most important thing I've ever written. It attempts merely to synthesize the efforts of DRASTIC and numerous other independent researchers with whom I've collaborated directly [the left-hand column below], as well as the outstanding research of those scientists who've fought against the censorship and false narratives that obscured their findings:

Jonathan Couey	PhD	Fernando Castro-Chavez	PhD
Johanna Deinert	MD	Angus Dalgleish	PhD
Kevin McCairn	PhD	Richard Fleming	PhD, MD, JD
Rossana Segreto	PhD	Luc Montagnier	Nobel Prize Winner, discoverer of HIV-1
Ah Khan Syed [pseud]	PhD	Jean-Claude Perez	PhD
Jack Ward [pseud]	PhD	Steven Quay	MD, PhD
Dayou Zhang	PhD	Birger Sorenson	PhD
Igor Chudov		Walter Chesnut	

My findings and conclusions on scientific censorship are based on several thousand hours of individual research. The findings related to the HIV inserts in general, gp120, the furin cleavage site and other aspects of the SARS-CoV-2 genome are the product of those listed above, or others referenced in the endnotes.

+ K. McKernan	Human Genome Project, Inventor
+ Lynn Fynn	MD
+ Janie	MD
+ Dr. Zelenko	MD, banned on the day he died of terminal cancer, last week

COVID Dissenters Banned from Twitter, 2020-2022
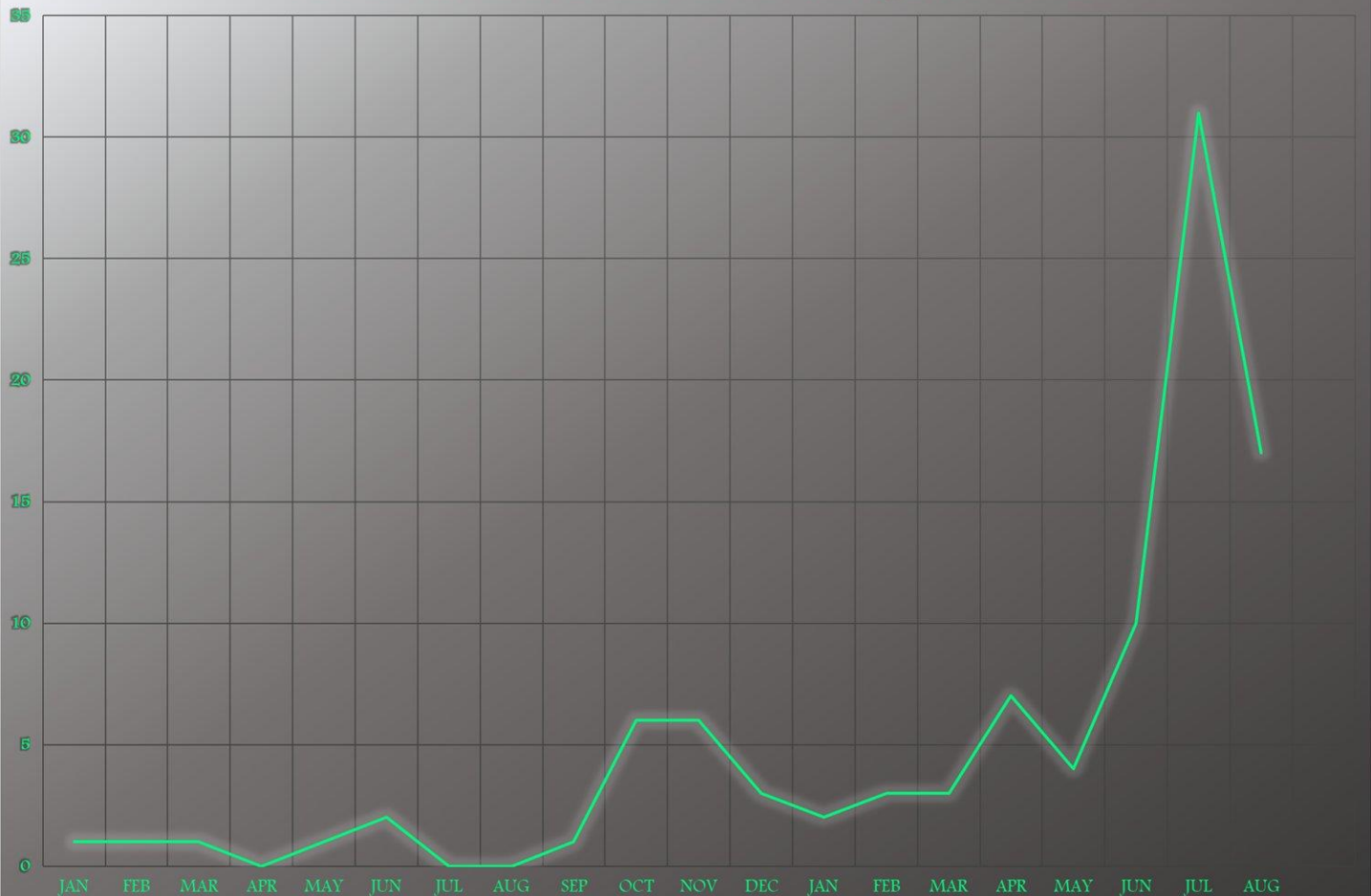
Twitter Official Statistics on Combating COVID-19 Misinformation
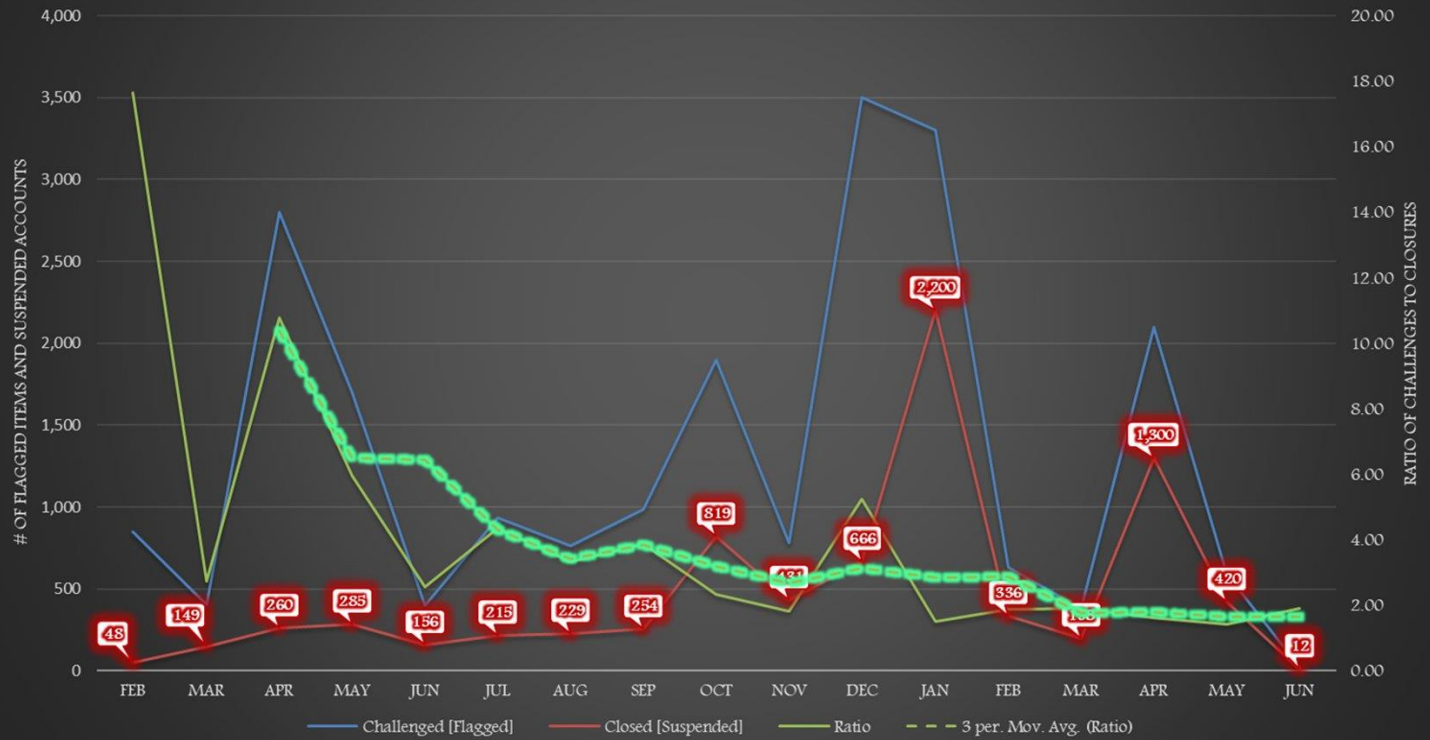
Internet Searches for 'Anosmia' vs Flu Sample Submissions
Australia - Japan - South Korea - India - Philippines - Taiwan - Vietnam

Google Trends: Explore: 'Anosmia' by Nation; 3 Aug 2022
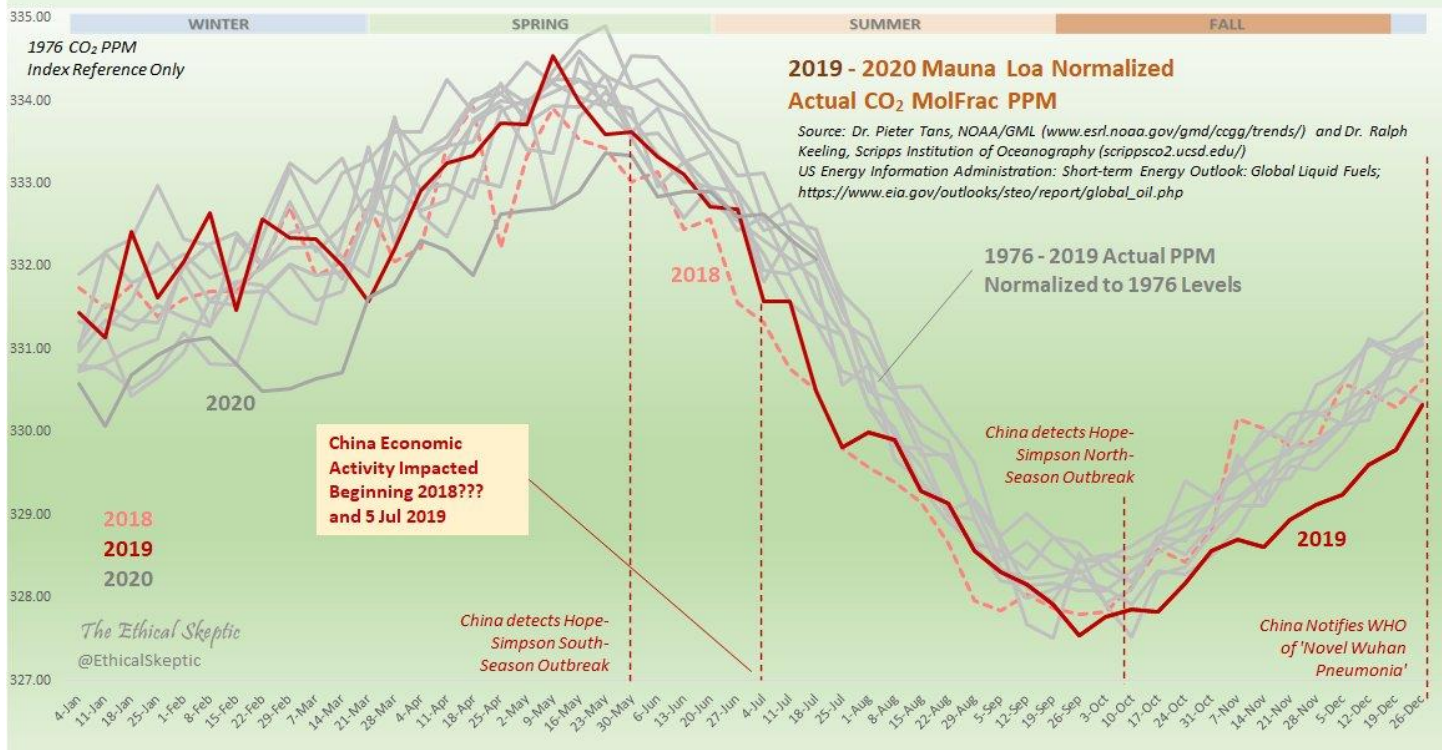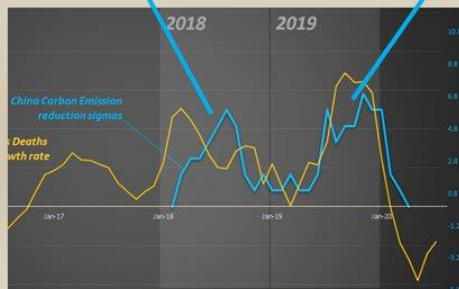World Health Organization: Influenza Laboratory Surveillance Information System - FluNet; Query by Date-Nation-Region-Zone; 3 Aug 2022

The Ethical Skeptic
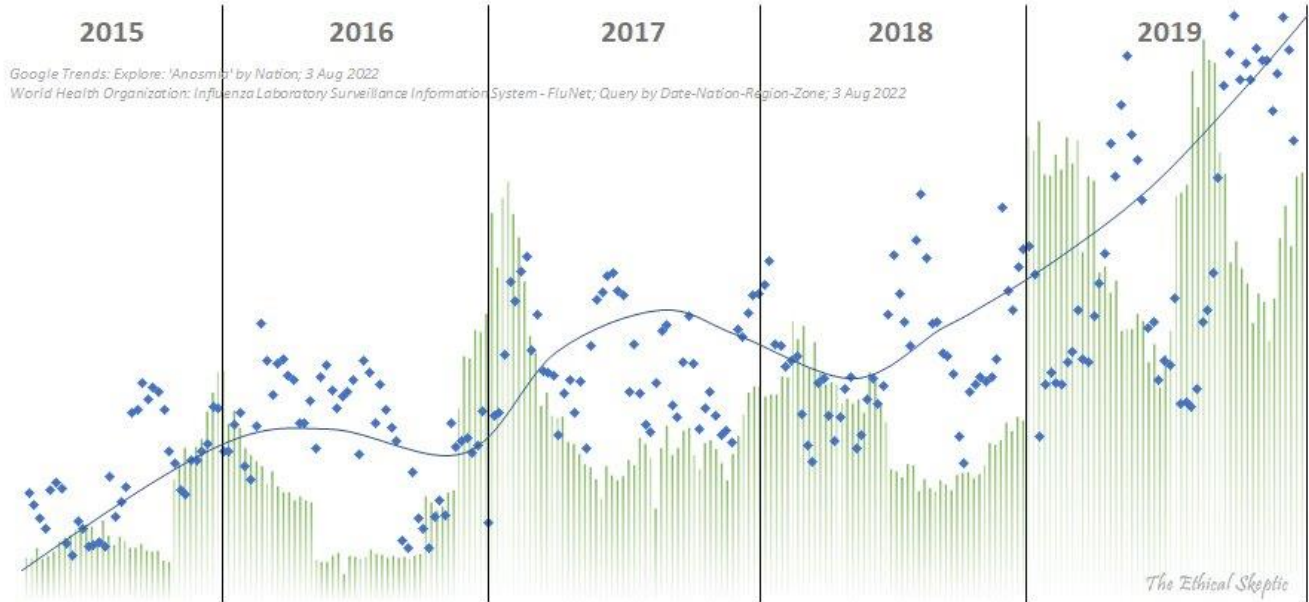
China's First Three Reactions to a Hope-Simpson Pathogen Began in 2018/2019 and Ended Mar 2020

| WINTER | SPRING | SUMMER | FALL |

335.00

1976 CO₂ PPM
Index Reference Only

334.00

2019 - 2020 Mauna Loa Normalized Actual CO_2 MolFrac PPM

333.00

Source: Dr. Pieter Tans, NOAA/GML (www.esrl.noaa.gov/gmd/ccgg/trends/) and Dr. Ralph Keeling, Scripps Institution of Oceanography (scrippsco2.ucsd.edu/)
US Energy Information Administration: Short-term Energy Outlook: Global Liquid Fuels;
https://www.eia.gov/outlooks/steo/report/global_oil.php

332.00

2018

1976 - 2019 Actual PPM
Normalized to 1976 Levels

331.00

2020

China detects Hope-Simpson North-Season Outbreak

330.00

China Economic Activity Impacted Beginning 2018??? and 5 Jul 2019

329.00

2018
2019
2020

328.00

The Ethical Skeptic
@EthicalSkeptic

China detects Hope-Simpson South-Season Outbreak

2019

China Notifies WHO of 'Novel Wuhan Pneumonia'

327.00

4-Jan 11-Jan 18-Jan 25-Jan 1-Feb 8-Feb 15-Feb 22-Feb 29-Feb 7-Mar 14-Mar 21-Mar 28-Mar 4-Apr 11-Apr 18-Apr 25-Apr 2-May 9-May 16-May 23-May 30-May 6-Jun 13-Jun 20-Jun 27-Jun 4-Jul 11-Jul 18-Jul 25-Jul 1-Aug 8-Aug 15-Aug 22-Aug 29-Aug 5-Sep 12-Sep 19-Sep 26-Sep 3-Oct 10-Oct 17-Oct 24-Oct 31-Oct 7-Nov 14-Nov 21-Nov 28-Nov 5-Dec 12-Dec 19-Dec 26-Dec

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Linear Extrapolation from Relative Mutations from RaTG13 Outgroup

Wuhan University deleted SARS2 data relating to early cases, however Jesse D Bloom @jbloom_lab recovered the data†

other China †

China (Outside Wuhan)

Jun-Oct 2018

Wuhan †

China (Wuhan)

Jun 2019

outside China †

Outside China

China CO₂
Suppression Curve

Oct 2019

Wuhan Protests

| 2018 | 2019 | 2020 |

2018 *2019*

China Carbon Emission reduction sigmas

Deaths
th rate

Jan-17 Jan-18 Jan-19 Jan-20

10.8 6.8 4.8 2.8 0.8 -1.2 -3.2

The Ethical Skeptic
@EthicalSkeptic

It was at exactly this same moment, in late June and early July of 2019 that the residents of Wuhan began to fill the streets, angry that officials responsible for the health and prosperity of the city's 11 million people had betrayed them. They were sick, and feared getting sicker. The elderly gasped for breath. Marchers held up banners saying, "we don't want to be poisoned, we just need a breath of fresh air." Parents worried for their children's lives. There was fear that the ill had suffered permanent damage to their immune and nervous systems.

Authorities censored social media accounts, photos and videos of the protests, and undercover policemen watched for troublemakers and detained the most vocal. With businesses forced shut, there was nowhere for protesters to hide. Some were carted off in vans. They'd been warned by the authorities: "Public security organizations will resolutely crack down on illegal criminal acts such as malicious incitement and provocation."

The Thirty Tyrants

The deal that the American elite chose to make with China has a precedent in the history of Athens and Sparta.

BY LEE SMITH
3 Feb 2021

"In late June and early July of 2019, the residents of Wuhan began to fill the streets... they were angry, they were sick, feared getting sicker...
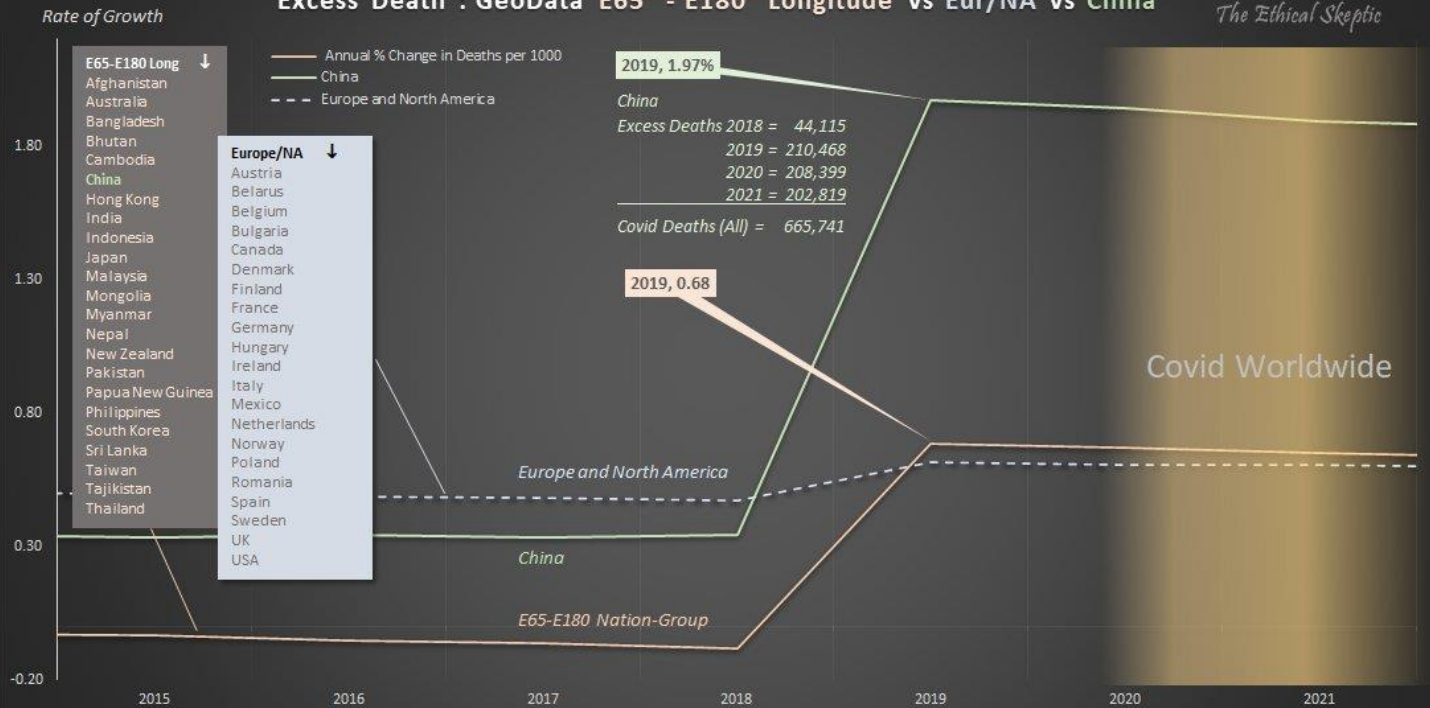
...[and] had suffered permanent damage to their immune and nervous systems."

Recovery of deleted deep sequencing data sheds more light on the early Wuhan SARS-CoV-2 epidemic Jesse D Bloom; bioRxiv 2021.06.18.449051; doi: https://doi.org/10.1101/2021.06.18.449051

Excess Death : GeoData E65° - E180° Longitude vs Eur/NA vs China

Rate of Growth

The Ethical Skeptic

E65-E180 Long ↓
Afghanistan
Australia
Bangladesh
Bhutan
Cambodia
China
Hong Kong
India
Indonesia
Japan
Malaysia
Mongolia
Myanmar
Nepal
New Zealand
Pakistan
Papua New Guinea
Philippines
South Korea
Sri Lanka
Taiwan
Tajikistan
Thailand

Europe/NA ↓
Austria
Belarus
Belgium
Bulgaria
Canada
Denmark
Finland
France
Germany
Hungary
Ireland
Italy
Mexico
Netherlands
Norway
Poland
Romania
Spain
Sweden
UK
USA

Annual % Change in Deaths per 1000
China
Europe and North America

2019, 1.97%

China
Excess Deaths 2018 =   44,115
2019 = 210,468
2020 = 208,399
2021 = 202,819

Covid Deaths (All) =   665,741

2019, 0.68

Covid Worldwide

Europe and North America

China

E65-E180 Nation-Group

1.80
1.30
0.80
0.30
-0.20

2015   2016   2017   2018   2019   2020   2021

Source: Macrotrends Data : Death Rate 2015-2021 by Select Nation; United Nations - World Population Prospects Database; 30 Jul 2021; https://www.macrotrends.net/countries/USA/united-states/death-rate

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We received your report.

Courtesy of Dr. R. Fleming,
& in memory of Luc Montagnier,
I'd like to know more about this:

The Forward & Reverse
Primers
Used to Identify
SARS-CoV-2
Also Match
Baric's 3 Chimeric
(Gain-of-Function)
Coronaviruses

Semper Fidelis,

Charles H. Rixey

Appreciating That PCR Allows You to Identify
What You Are Looking At
&
Understanding that
When Genetic Sequences Match
You are Looking at the Same Thing
Is Extremely Important
When Asking About the
Origin of SARS-CoV-2 (Gain-of-Function)

BGI's Real-Time SARS-CoV-2 Test to Detect Novel Coronavirus Receives FDA Emergency Use Authorization

March 27, 2020

CAMBRIDGE, Mass., March 27, 2020 /PRNewswire/ -- BGI Genomics Co. Ltd. (SZSE:300676) and its US subsidiary BGI Americas Corp. today announced that the U.S. Food and Drug Administration (FDA) has issued an Emergency Use Authorization (EUA) for its RT-PCR kit for detecting SARS-CoV-2.

positive SARS-CoV-2 test that has a specimen date between two and 14 days after the specimen date of the index case.

The analysis cohort included households with an index case occurring between 4th January 2021 to 28th February 2021, with 14 days observable follow up for all contacts. Households in which *any* individual was vaccinated prior to the 4th January were excluded, so that our analysis would be as broadly generalizable as possible to the overall vaccination campaign. Households in which the index case was vaccinated 1-14 days after testing positive for COVID-19 were also excluded, as were all contacts who had been vaccinated prior to the index case testing positive. We excluded index cases tested under 'pillar 1' of the national testing strategy, which is a proxy for a case being either hospitalised or a health worker. This was because the household contacts of hospitalised cases are likely to have differential exposure profiles compared to contacts of non-hospitalised cases. Finally, we restricted analyses to households with a single index case age 16+, and no co-primary cases (any other cases on the same or next day as the index case).

Statistical analysis

we restricted analyses to households with a single index case age 16+, and no co-primary cases (any other cases on the same or next day as the index case).

Statistical analysis

We defined *vaccinated* index cases as having been vaccinated 21 days or more prior to testing positive for COVID-19 based on evidence of the time needed for the vaccine to provide a sufficient level of immunity(4). *Non-vaccinated* index cases were defined as not having received a vaccine prior to testing positive. Households where the index case received the vaccine less than 21 days before testing positive were excluded from this analysis.

We compared household contacts of index cases receiving either the ChAdOx1 nCoV-19 or BNT162b2 vaccines, with contacts of unvaccinated index cases, and the proportion of contacts who

larger group than those vaccinated 21+days before testing positive.

The results show that contacts of vaccinated cases have lower odds of being secondary cases if the index case was vaccinated 14 days or more before testing positive after controlling for calendar week, but this protective effect diminishes sharply if vaccination occurs closer to the positive test date. Of note however is that estimates diverge for the two vaccines: where index cases are recently vaccinated (less than 10 days before testing positive), the odds for contacts being a secondary case are lower for ChAdOx1 nCoV-19, but higher for BNT162b2 (vs. contacts of an unvaccinated index case). The latter may be due to priority administration of BNT162b2 early in the vaccination campaign in those with high-risk social care occupations during a peak incidence period, whose contacts may also have higher risks.

Supplementary Figure S2 show odds ratios of becoming a secondary case according to vaccination timing for different time periods of index case. This suggests that odds of transmission were lower in

household contacts of index cases vaccinated 1-10 days before testing positive (with the same vaccine type). The adjusted ORs from multivariable logistic regression were 0.53 (95% CI: 0.44, 0.63) for ChAdOx1 nCoV-19 and 0.49 (95% CI: 0.44, 0.56) for BNT162b2, indicating a halving in the odds of contacts becoming secondary cases if the index case was vaccinated with either ChAdOx1 nCoV-19 or BNT162b2 21-35 days before testing positive.

Figures

Figure S1. *Odds ratios for contacts becoming a secondary case according to vaccination timing of the index case (days before testing positive)*
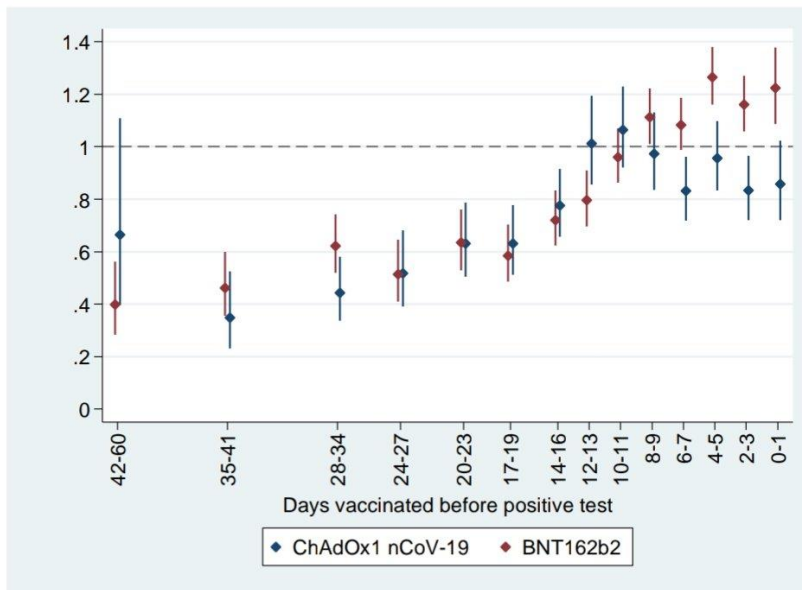
By type of vaccination, vs. contacts where the index case was not vaccinated. Results from multivariable logistic regression.

Figure S2. *Odds ratios for contacts becoming a secondary case according to vaccination timing of the index case, by calendar week of index case.*
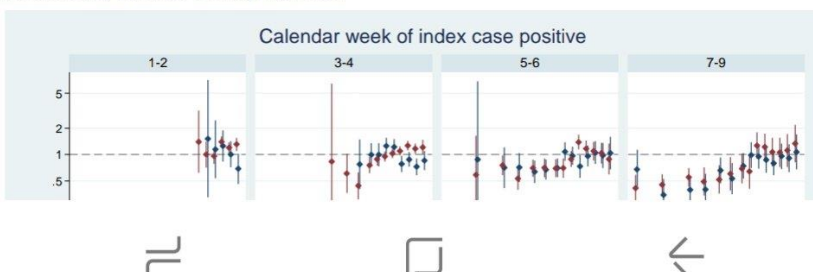
Account suspended

@project_veritas

@project_veritas
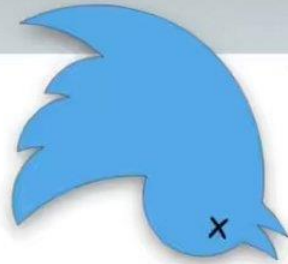
Account suspended

Jikkyleaks (Fan account) 🐁
@Jikkyleaks

Yet another huge anomaly in the Pfizer Site data released this week.

ALL site 1161 patients were removed. A huge outlier.

The reason? "Lack of oversight"

They really hated this didn't they? Just think how many lives were lost by removing all those #mousearmy accounts.

It's not enough to restore twitter accounts – nobody cares about twitter.

It is time that every single employee at twitter who cancelled whistle blowers is prosecuted for the deaths they are responsible for.

Bold Relentless
Pure Unjected

www.PeterMcCulloughMD.com

"THE MEDIA HAVE BEEN
SO COMPLICIT
IN ALL OF THIS"

- Matt Le Tissier

GB UNITES
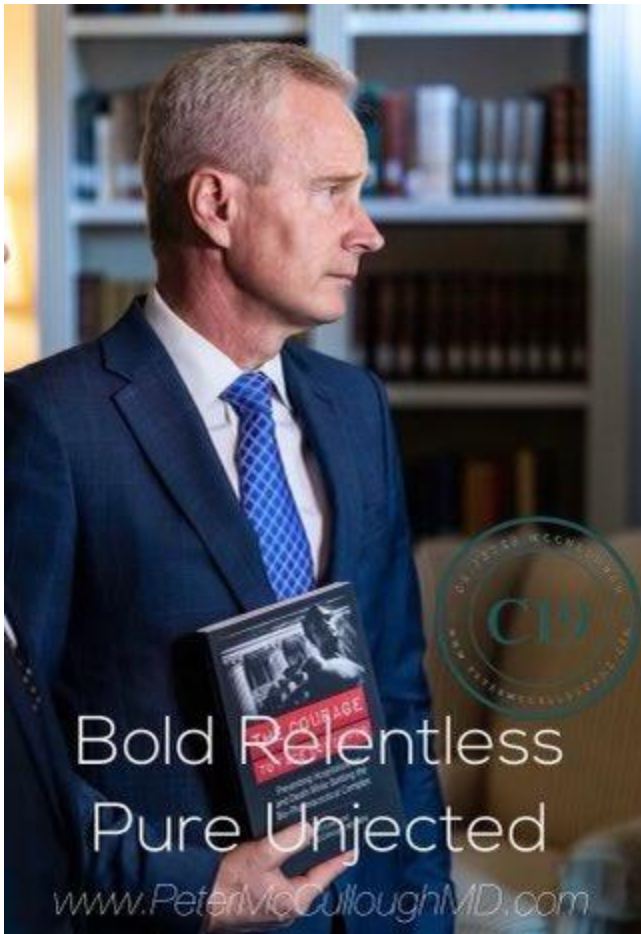
The Atlantic

IDEAS

LET'S DECLARE A PANDEMIC AMNESTY

We need to forgive one another for what we did and said when we were in the dark about COVID.

"If you have to be persuaded, reminded, pressured, lied to, incentivized, coerced, bullied, socially shamed, guilt-tripped, threatened, punished and criminalised; If all of this is considered necessary to gain your compliance—you can be absolutely certain that what is being promoted is not in your best interest."

—Ian Watson
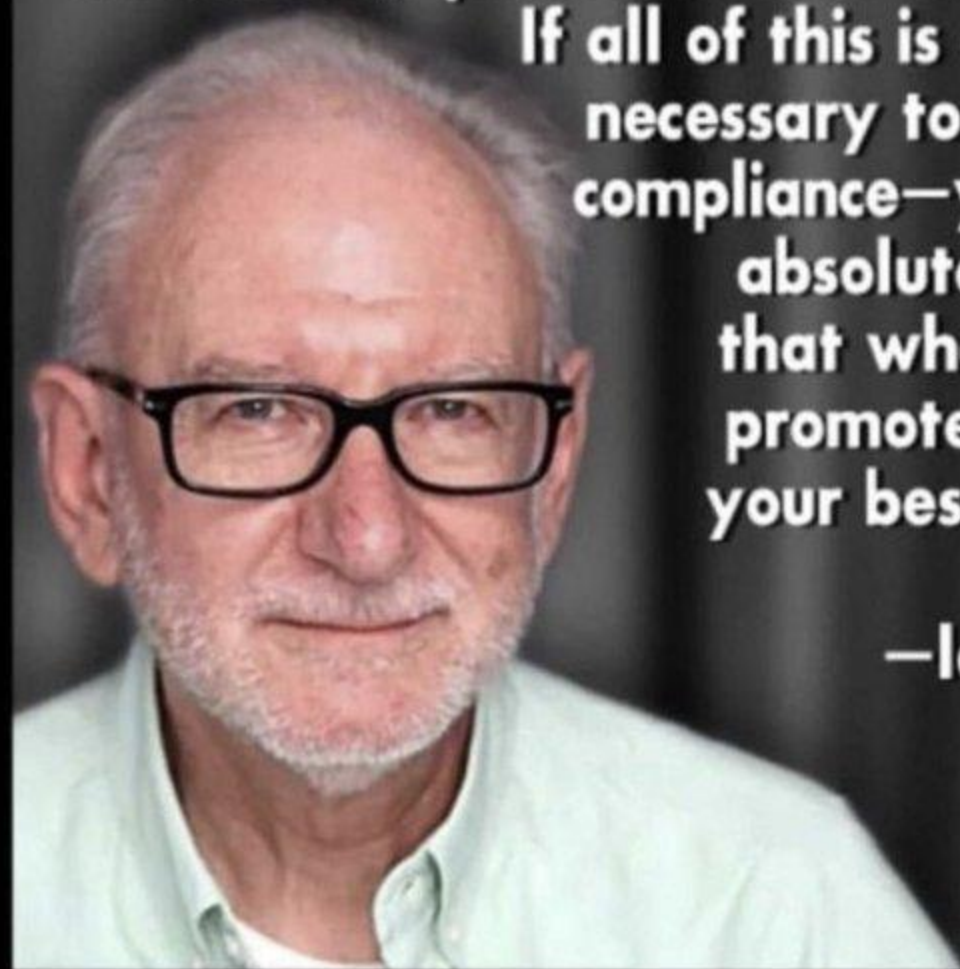
COVID-19 vaccination
(minimum age: 6 months [Moderna and Pfizer-BioNTech COVID-19 vaccines], 12 years [Novavax COVID-19 Vaccine])

Routine vaccination

• Primary series:
  - Age 6 months–4 years: 2-dose series at 0, 4-8 weeks (Moderna) or 3-dose series at 0, 3-8, 11-16 weeks (Pfizer-BioNTech)
  - Age 5–11 years: 2-dose series at 0, 4-8 weeks (Moderna) or 2-dose series at 0, 3-8 weeks (Pfizer-BioNTech)
  - Age 12–18 years: 2-dose series at 0, 4-8 weeks (Moderna) or 2-dose series at 0, 3-8 weeks (Novavax, Pfizer-BioNTech)

• For **booster dose recommendations** see www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html

Special situations

Persons who are moderately or severely immunocompromised

• Primary series
  - Age 6 months–4 years: 3-dose series at 0, 4, 8 weeks (Moderna) or 3-dose series at 0, 3, 11 weeks (Pfizer-BioNTech)
  - Age 5–11 years: 3-dose series at 0, 4, 8 weeks (Moderna) or 3-dose series at 0, 3, 7 weeks (Pfizer-BioNTech)
  - Age 12–18 years: 3-dose series at 0, 4, 8 weeks (Moderna) or 2-dose series at 0, 3 weeks (Novavax) or 3-dose series at 0, 3, 7 weeks (Pfizer-BioNTech)

• **Booster dose:** see www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html

• **Pre-exposure prophylaxis** may be considered to complement COVID-19 vaccination. See www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html

Note: Administer an age-appropriate vaccine product for each dose. Current COVID-19 schedule and dosage formulation available at www.cdc.gov/vaccines/covid-19/downloads/COVID-19-immunization-schedule-ages-6months-older.pdf. For more information on Emergency Use Authorization (EUA) indications for COVID-19 vaccines, see www.fda.gov/emergency-preparedness-and-response/coronavirus-disease-2019-covid-19/covid-19-vaccines.

Routine vaccination

• **Primary series:**

  -**Age 6 months–4 years:** 2-dose series at 0, 4-8 weeks (Moderna) or 3-dose series at 0, 3-8, 11-16 weeks (Pfizer-BioNTech)

  -**Age 5–11 years:** 2-dose series at 0, 4-8 weeks (Moderna) or 2-dose series at 0, 3-8 weeks (Pfizer-BioNTech)

  -**Age 12–18 years:** 2-dose series at 0, 4-8 weeks (Moderna) or 2-dose series at 0, 3-8 weeks (Novavax, Pfizer-BioNTech)

• For **booster dose recommendations** see www.cdc.gov/vaccines/covid-19/clinical-considerations/interim-considerations-us.html

JACSUniverse 🐭 those who li...
@JacsUniverse

⌛ **Counting down**

For @jikkyleaks to bring back the science @elonmusk

11:16

←
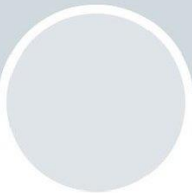
@jikkyleaks

Account suspended

Twitter suspends accounts that violate the Twitter Rules. Learn more

CHINESE CENTER FOR DISEASE CONTROL AND PREVENTION
中国疾病预防控制中心

INTERNATIONAL COOPERATION

Home > Int'l Cooperation > International Partners

Mar 01, 2022

World Health Organization

Mar 01, 2022

European Centre for Disease Prevention and Control (ECDC)

Mar 01, 2022

Africa CDC

China CDC

Division
Global Policy and Advocacy

Date
AUGUST 2018

Region served
GLOBAL +1

Committed amount
$500,580

Grant topic
Global Health and Development Public Awareness and Analysis

Duration (months)
64

Grantee location
Beijing, Beijing, China

Jikky The Kid's Theme

Twitter's guns across the river aimin' at you
Mutton's on your trail, he'd like to catch you
77th too, they'd like to get you
Jikky, they don't like you to be so free

Sleuthin' all night on the Pfizer doc drop
Doing math 'til dawn to tune your calculations
Up to Coof Hill they'd like to send you
Jikky, don't you turn your back on me

Playin' around with some ol' peptide sequence
Into some dark secret it will lead you
In the shadows of the lies, the truth will greet you
Jikky, you're so far away from home

DR OOSTERHUIS: You see, part of the concern with this investigational agent is that we don't have any long term data on its safety. And as they say, I don't know if the virus is novel, but the vaccine is certainly novel and the past history of mRNA therapies and coronavirus vaccine attempts is known to have had very bad outcomes among the animal hosts being studied.

TWITTER SUSPENSIONS - COVID INFORMATION POLICY RELATED?

= Number of accounts suspended (from the openvaet.org list)

= #followers of the suspended accounts

177 representative suspended accounts included,
having a combined 6.5 million followers

Biden VAX Mandates

Musk's Twitter pursuit

TWITTER SUSPENSIONS - COVID INFORMATION POLICY RELATED?

Source: https://openvaet.org/twitter_thought_police?currentLanguage=en

■ = Number of accounts suspended (from the openvaet.org list)

■ = #followers of the suspended accounts

177 representative suspended accounts included, having a combined 6.5 million followers

Biden VAX Mandates

Musk's Twitter pursuit
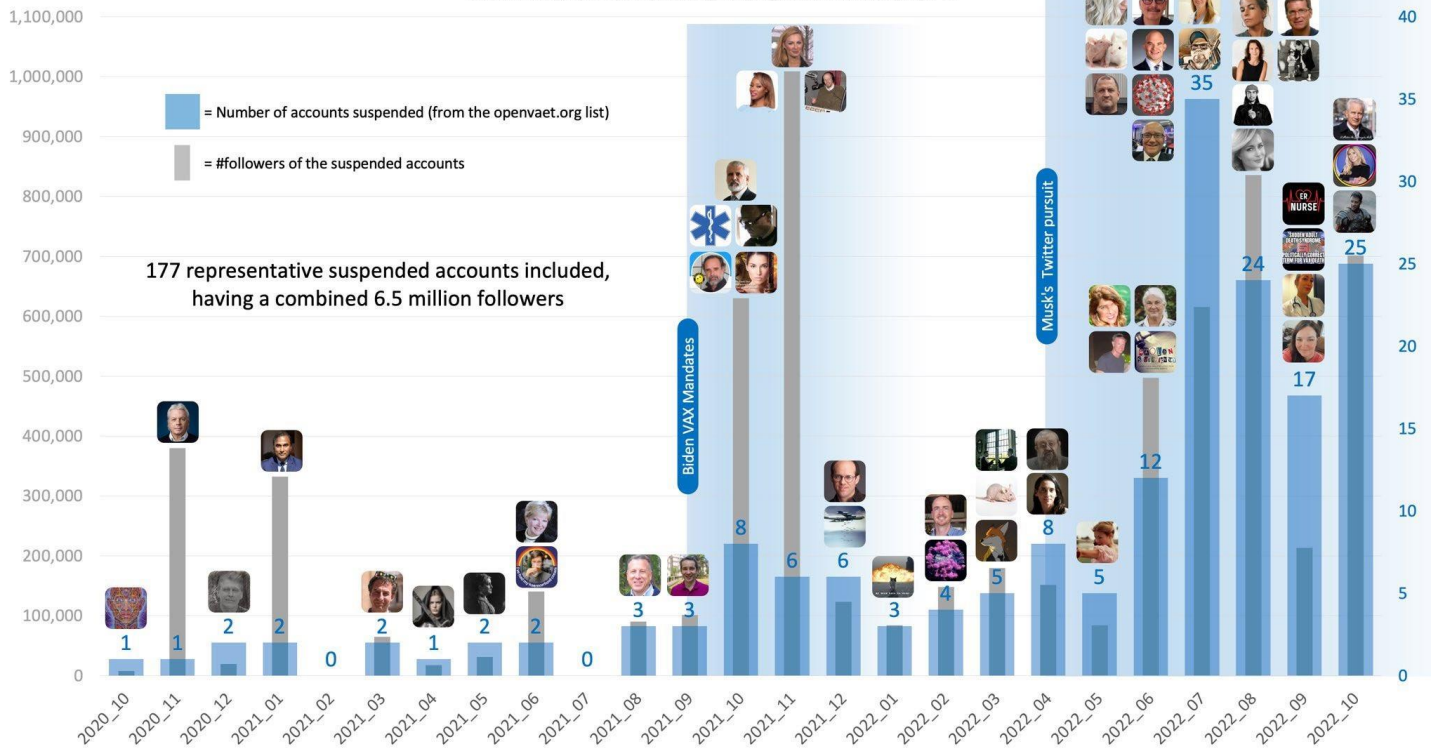
The greatest 30 seconds in television history.😂 👏 👏 👏

ARE THEY DEAD WRONG?

TikTok

TAKE IT

0:00 / 0:34

FREE
TEXAS LINDSAY

Table 11* /* *: Number of UK reports with a fatal outcome received for COVID-19 Vaccines by patient age up to and including 26 October 2022

Age group (years)	COVID-19 Vaccine AstraZeneca	COVID-19 Vaccine Pfizer/BioNTech	COVID-19 Vaccine Moderna	Brand unspecified	All vaccines
Under 18	^	10	-	^	15
18-29	27	15	^	-	43

Aaron Kheriaty, MD @akheriaty · 18h ···
Don't look away.

> This Tweet is unavailable. **Learn more**

💬 17   🔁 295   ♡ 654   ⬆️

TxBleuBonnet @TxBleuBonnet · 18h ···
It's so hard to hit the "like" button when so many lives have been lost. WAKE UP, HUMANITY. WAKE UP. 💔🙏💔

💬 1   🔁 1   ♡ 5   ⬆️

TxBleuBonnet ···
@TxBleuBonnet

Replying to **@TxBleuBonnet** and **@akheriaty**

I guess they took that tweet down....

4:58 PM · 11/4/22 · **Twitter for iPhone**

Chairman @WSBChairman · 2h

Replying to @elonmusk and @BillyM2k

Twitter employees were selling verification for upwards of $15,000. For certain accounts, mine included, they would refuse to verify you through the standard application and then privately offer to verify you for $$ behind the scenes.

Investigation needed.

💬 416   🔁 3,210   ♡ 11.7K   ⤴

Elon Musk ✓ @elonmusk · 2h
Yup

💬 638   🔁 906   ♡ 9,809   ⤴

The COVID-19 Book of Lists

HEROES AND VILLAINS

REID SHEFTALL, M.D.

MICHAEL YEADON, PHD (GUEST)

Senator Gerard Rennick ✓
1 d · 🌐

"Meeting highlights from the Pharmacovigilance Risk Assessment Committee (PRAC) 24 - 27 October 2022........The PRAC has recommended that heavy menstrual bleeding should be added to the product information as a side effect of unknown frequency of the mRNA COVID-19 vaccines Comirnaty and Spikevax..... The available data reviewed involved mostly cases which appeared to be non-serious and temporary in nature."

Correct me if I'm wrong but I though warnings should come before drugs are taken not after?

Gotta love the precision of the last sentence – "mostly non-serious".

What the hell does that mean - is 1 in 10 serious or 1 in 1000?

It's only woman's reproductive organs we are talking about here. 😬

The truth is, you have some "crazy conspiracy theory" friends trying harder to save your life than any medical professional or government entity ever has.

FDA Session 2: Questions & Answer Panel

Darby Kozak

Keith Peden

Please type your questions into the Q&A Pod in the lower right

Darby Kozak, PhD
Deputy Division Director
Division of Therapeutic
Performance 1 (DTPI)
Office of Research and Standards
OGD | CDER | US FDA

Evaluate This Session

Download Slides

Elon Musk ✓

@kathygriffin

1,310 Following **2M** Followers

Account suspended

Twitter suspends accounts that violate the Twitter Rules. Learn more

This one is natural...

BAT-SL-CoV

SARS-CoV

SARS-CoV-2

Bat-CoV-RaTG13

BAT-SL-CoV

Zaria BAT-CoV

BAT-CoV-HKU9-2

RousettusBAT-CoV-HKU9

Pipistrellus BAT-CoV HKU5

Hypsugo BAT-CoV HKU25

BAT-CoV-HKU4

BAT-CoV-HKU31

MERS-CoV

Murine hepatitis virus

HCoV-HKU1

Rodent-CoV

Equine-CoV

Porcine-CoV

Bovine-CoV

Canine-CoV

Camel-CoV

Rabbit-CoV

HCoV-OC43

A

B

C

D

Because these are?

Cotaining furin specific cleavage sites in Sequence

No furin specific cleavage sites in Sequence

Sequential Testing Results in Each Database for Persons 12–64 Years of Age by AESI and Vaccine Brand Following All Doses in the Optum, HealthCore, and CVS Health Databases.

AESI	Vaccine Brand	Optum				HealthCore				CVS Health			
		Number of Doses	Observed AESI	Observed Person-Time (Years)	RR	Number of Doses	Observed AESI	Observed Person-Time (Years)	RR	Number of Doses	Observed AESI	Observed Person-Time (Years)	RR
Acute Myocardial Infarction	BNT162b2	5,019,206	287	286,238	0.94	7,071,320	402	395,810	0.89	3,924,085	253	212,161	1.08
	mRNA-1273	2,563,618	214	181,507	1.03	3,959,087	314	277,351	0.91	2,061,250	191	136,166	1.15
	Ad26.COV2.S	244,144	22	17,097	1.05	410,337	47	28,898	1.18	182,559	23	12,830	1.41
Deep Vein Thrombosis	BNT162b2	5,008,608	554	330,015	0.88	7,056,415	784	471,740	0.84	3,914,571	510	257,894	0.97
	mRNA-1273	2,557,370	372	181,145	0.90	3,949,117	622	284,292	0.90	2,055,345	373	144,691	1.05
	Ad26.COV2.S	243,754	43	17,080	1.08	409,584	66	29,015	0.89	182,160	44	12,987	1.34
Pulmonary Embolism	BNT162b2	5,012,070	491	330,248	1.05	7,061,704	703	480,890	1.28	3,917,508	419	263,292	1.33
	mRNA-1273	2,559,512	287	181,298	0.93	3,952,765	484	291,066	1.19	2,057,241	290	148,429	1.36
	Ad26.COV2.S	243,960	41	17,093	1.39	409,983	53	29,172	1.23	182,303	42	13,061	2.14
Disseminated Intravascular Coagulation	BNT162b2	5,023,766	<11	331,025	0.68	7,077,841	20	454,338	1.04	3,928,054	<11	246,883	0.75
	mRNA-1273	2,566,651	<11	181,806	1.13	3,963,914	<11	270,691	0.67	2,064,003	<11	136,647	0.78
	Ad26.COV2.S	244,438	0	17,127	0.00	410,855	<11	28,770	2.04	182,820	<11	12,854	0.00
Non-hemorrhagic Stroke	BNT162b2	5,021,535	155	330,879	0.84	7,074,745	203	463,405	0.86	3,926,134	133	246,760	1.04
	mRNA-1273	2,565,297	102	181,710	0.82	3,961,715	163	277,911	0.91	2,062,693	92	136,557	1.03
	Ad26.COV2.S	244,335	<11	17,120	0.33	410,643	25	28,933	1.24	182,699	<11	12,846	0.59
Hemorrhagic Stroke	BNT162b2	5,023,270	49	330,993	0.93	7,077,241	65	463,570	1.09	3,927,632	50	252,624	1.29
	mRNA-1273	2,566,330	39	181,783	1.13	3,963,522	46	278,041	1.05	2,063,645	20	140,920	0.75
	Ad26.COV2.S	244,425	<11	17,126	0.86	410,812	<11	28,945	1.21	182,798	<11	12,946	0.77
Immune Thrombocytopenia	BNT162b2	5,021,182	107	430,376	0.81	7,073,917	192	624,983	1.26	3,925,794	107	342,468	1.28
	mRNA-1273	2,565,158	89	234,123	1.12	3,961,662	124	375,130	1.21	2,062,548	77	191,084	1.49
	Ad26.COV2.S	244,341	13	25,382	1.53	410,664	<11	43,453	0.81	182,739	11	19,418	2.03
Myocarditis/Pericarditis	BNT162b2	5,021,652	264	430,415	1.73	7,074,944	322	625,077	1.83*	3,926,219	243	342,505	2.47*
	mRNA-1273	2,565,543	125	234,160	1.33	3,962,191	191	375,181	1.62	2,062,979	118	191,126	1.92
	Ad26.COV2.S	244,356	14	25,382	1.27	410,677	25	43,455	1.63	182,728	<11	19,417	1.44
Guillain-Barré Syndrome	BNT162b2	5,023,855	13	430,610	1.21	7,078,019	11	499,735	1.11	3,928,151	<11	282,110	1.05
	mRNA-1273	2,566,689	<11	234,266	1.40	3,963,994	<11	343,807	0.85	2,064,026	<11	179,364	1.34
	Ad26.COV2.S	244,448	<11	25,392	6.53	410,867	<11	42,672	8.53	182,825	<11	19,176	2.31
Bell's Palsy	BNT162b2	5,538,066	422	474,536	0.88	7,758,783	601	684,770	0.98	4,399,969	360	382,934	1.10
	mRNA-1273	2,844,137	259	259,242	0.86	4,338,960	415	410,068	1.01	2,321,435	241	214,305	1.17
	Ad26.COV2.S	268,766	49	27,862	1.49	446,543	74	47,119	1.46	206,493	25	21,824	1.13
Encephalo-myelitis/ Encephalitis	BNT162b2	5,541,351	18	474,821	1.48	7,763,335	18	640,440	1.43	4,402,681	11	347,757	1.67
	mRNA-1273	2,846,033	<11	259,415	0.90	4,341,907	13	374,979	1.82	2,323,255	<11	187,781	1.89
	Ad26.COV2.S	268,944	<11	27,881	1.26	446,815	<11	46,229	6.48	206,652	<11	21,177	0.00
Anaphylaxis	BNT162b2	6,076,878	26	32,601	4.48*	8,627,389	42	46,920	7.50*	4,989,398	39	27,296	10.86*
	mRNA-1273	3,135,659	20	16,852	7.64*	4,836,013	33	26,284	11.88*	2,644,637	20	14,465	12.40*
	Ad26.COV2.S	297,441	<11	1,525	4.05	500,220	<11	2,580	10.47	236,326	<11	1,234	20.41
Transverse Myelitis	BNT162b2	5,023,831	<11	430,608	0.70	7,078,019	<11	511,896	0.81	3,928,148	<11	326,988	1.26
	mRNA-1273	2,566,683	<11	234,265	0.89	3,963,962	<11	354,221	0.70	2,064,016	<11	179,776	1.30
	Ad26.COV2.S	244,445	<11	25,392	5.05	410,867	<11	42,968	7.41	182,822	<11	19,184	3.82
Narcolepsy	BNT162b2	5,020,198	133	430,293	0.74	7,072,100	237	624,826	1.07	3,924,967	132	342,395	1.35
	mRNA-1273	2,564,481	83	234,066	0.78	3,960,148	143	374,990	1.02	2,061,955	78	191,032	1.36
	Ad26.COV2.S	244,273	12	25,374	1.01	410,465	16	43,433	0.94	182,663	<11	19,410	1.63
Appendicitis	BNT162b2	5,016,516	617	429,981	1.09	7,068,850	744	598,204	1.01	3,922,860	449	326,528	1.32
	mRNA-1273	2,563,415	295	233,967	0.95	3,959,186	428	354,296	1.08	2,061,316	219	179,531	1.27
	Ad26.COV2.S	244,128	51	25,358	1.39	410,355	50	42,933	0.97	182,599	37	19,156	1.84
Common Thromboses with Thrombocytopenia	BNT162b2	5,022,754	86	330,958	1.03	7,076,575	94	473,091	1.08	3,927,012	81	258,722	1.31
	mRNA-1273	2,566,085	48	181,765	0.86	3,962,989	63	285,291	0.97	2,063,270	49	145,252	1.15
	Ad26.COV2.S	244,393	<11	17,124	1.46	410,783	13	29,098	1.80	182,766	<11	13,029	0.98
Unusual Site Thromboses (Broad)	BNT162b2	5,023,838	11	331,030	1.42	7,077,950	11	463,616	1.34	3,928,087	<11	212,417	0.96

Pound latest: £1 = $1.14

sky news

KAY BURLEY

HANCOCK IN THE JUNGLE

Matt Hancock said he signed up to the show so he can "go to where the people are - not to sit in ivory towers in Westminster"

sky news 08:39 FTSE 7336.48 ...althcare strikes would be "damaging to everybody" BREAKING NEWS

I'm a Yellow Card Reporter #MedSafetyWeek #VaccineInjured

✨💕DAY IN THE LIFE AS A PRODUCT MANAGER @ META💕✨

day in the life as a 23 year old product manager at ✨💕Meta💕

592

18

54

17

hiitsrileyrojas

Thank you for 16k💕✨🥺 will be posting so much more content on here 🥹 #f... See more

♫ .ove nwantiti - @60 Second S

Meta Platforms Inc

NASDAQ: META

Overview | News | Compare | Financials

95.16 USD -243.34 (-71.88%) ↓ year to date

Nov 7, 12:07 PM EST • Disclaimer

1D | 5D | 1M | 6M | YTD | More ▼

Bangolin

danger dan

On 11 Feb 2020, at 9:01 am, Ian Lipkin ◄█████████► wrote:

It's well reasoned and provides a plausible argument against genetic engineering. It does not eliminate the possibility of inadvertent release following adaptation through selection in culture at the institute in Wuhan. Given the scale of the bat CoV research pursued there and the site of emergence of the first human cases we have a nightmare of circumstantial evidence to assess.

Ian

Lipkin's email to a coauthor of The Proximal Origin of SARS-CoV-2, expressing hi

+Gigi+
@because93

Replying to @KimDotcom and @DiedSuddenly_

6yr old healthy girl, played soccer, dance classes, etc. It took 1hour 36min for them to pronounce her dead. 57mins after that jab. The scream from her grandmother, my dear friend when she called to tell me, will haunt me the rest of my life. She never had a chance to even live.

9:34 AM · Oct 28, 2022 · Twitter for Android

The Incidence of Myocarditis and Pericarditis in Post COVID-19 Unvaccinated Patients—A Large Population-Based Study

Ortal Tuvali, Sagi Tshori, [...], and Jacob George

the control cohort, 27 patients had myocarditis (0.0046%) and 52 had pericarditis (0.0088%). Age (adjusted hazard ratio [aHR] 0.96, 95% confidence interval [CI]; 0.93 to 1.00) and male sex (aHR 4.42; 95% CI, 1.64 to 11.96) were associated with myocarditis. Male sex (aHR 1.93; 95% CI 1.09 to 3.41) and peripheral vascular disease (aHR 4.20; 95% CI 1.50 to 11.72) were associated with pericarditis. Post COVID-19 infection was not associated with either myocarditis (aHR 1.08; 95% CI 0.45 to 2.56) or pericarditis (aHR 0.53; 95% CI 0.25 to 1.13). We did not observe an increased incidence of neither pericarditis nor myocarditis in adult patients recovering from COVID-19 infection.

1. Introduction

Coronavirus disease 2019 (COVID-19), caused by severe acute respiratory syndrome

Ahpra & National Boards

National Law Amendment Bill introduced into Queensland Parliament

11 May 2022

The [Health Practitioner Regulation National Law and Other Legislation Amendment Bill 2022](#) (the Amendment Bill) was introduced into Queensland parliament today.

Queensland is the host jurisdiction for the National Law. This means any proposed changes agreed by Australian Health Ministers need to be introduced into Queensland Parliament for debate and passage. Western Australia will also introduce a corresponding Amendment Bill into their Parliament.

The Amendment Bill includes more than 30 reforms, including:

- that protection of the public and public confidence in the safety of services provided by registered health practitioners and students is the paramount guiding principle for the National Registration and Accreditation Scheme
- a new objective and guiding principle to support a culturally safe health workforce that is responsive to Aboriginal and Torres Strait Islander Peoples, as well as
- reforms that will strengthen governance and public protection.

The Amendment Bill has been referred to the Queensland Parliament's Health and Environment Committee for scrutiny.

More information is available on [Queensland Legislation](#) website.

Getty Images

With a COVID 'variant soup' looming, New Zealand urgently needs another round of vaccine boosters

חייגו עכשיו - 6568*
או כנסו אל האתר וקבלו עם שליח מהיר עד הבית

במקום 5,500 ₪
רק 4,100 ₪

דפיברילטור LifeLine
הסוללה מספיקה ל-7 שנים
הנחיות בשפה העברית
אחריות 7-8 שנים
עמיד לשבר ורטיבות
תוצרת ארה״ב

במקום 3,800 ₪
רק 3,100 ₪

דפיברילטור HEARTSINE
הנחיות בשפה העברית
אחריות 7-8 שנים
עמיד לשבר ורטיבות
תוצרת ארה״ב

במקום 5,500 ₪
רק 4,200 ₪

ערכת הצלה בסיסית

דפיברילטור – 350P HEARTSINE
ארון ציוד מותאם
מטף 2 ק״ג
מטף 3 ק״ג
גלאי עשן

במקום 5,800 ₪
רק 5,000 ₪

ערכת הצלה חיונית

דפיברילטור לייף ליין
ארון ציוד מותאם
מטף 2 ק״ג
מטף 3 ק״ג
גלאי עשן

במקום 6,500 ₪
רק 5,700 ₪

ערכת הצלה משופרת

דפיברילטור לייף ליין
תיק חובש
ארון ציוד מותאם
2 מטפי כיבוי 3 ק״ג
גלאי עשן

במקום 5,900 ₪
רק 5,250 ₪

ערכת הצלה מקיפה

דפיברילטור לייף ליין
ארון ציוד מותאם
2 מטפי כיבוי 3 ק״ג
גלאי עשן
תיק מע״ר

איחוד הצלה • **Follow**
16h · 🌐

⋯ ✕

ימי מכירות מיוחדים
של שופינג IL בהצלה שופ - מתחילים ע-כ-ש-י-ו
מגוון מוצרים ענק בהנחות ליומיים בלבד!

דפיברילטורים וציוד החייאה במחירים מסובסדים!

אל תפספסו מלאי הדפיברילטורים מוגבל!

בכל שנה מאות מקרי מוות היו יכולים להמנע, אם
רק היו מספיקים לטפל בעזרת דפיברילטור, שהיה
מחזיר את הלב לפעילות תקינה - לדאוג לבריאות
שלנו זה הכי ישראלי!
לרכישה מהירה <<
חייגו עכשיו - 6568*
או כנסו אל האתר וקבלו עם שליח מהיר עד הבית

במקום 5000₪
רק 4,100 ₪

דפיברילטור LifeLine
הסוללה מספיקה ל-7 שנים
הנחיות בשפה העברית
אחריות ל-8 שנים
עמיד לשבר ורטיבות
תוצרת ארה"ב

במקום 5000₪
רק 3,100 ₪

דפיברילטור HEARTSINE
הנחיות בשפה העברית
אחריות ל-8 שנים
עמיד לשבר ורטיבות
תוצרת ארה"ב

Following the **Optus data breach,** Queensland driver licences will now have a **two-factor verification system**

J0K3R @Mr_Magoo5 · 1h
Replying to @NathanaelYoung @VikingRefusenik and 48 others
Like how does a **vaccine work**. I have to laugh, each time they're not replying.😂

J0K3R @Mr_Magoo5 · 2h
Replying to @Jayboy752 @SkepticalMutant and 47 others
How do **vaccine work** mate.

J0K3R @Mr_Magoo5 · 11h
Replying to @katieorourke78 @SkepticalMutant and 47 others
How does a **vaccine work**. There no such thing has un-natural immunity.

J0K3R @Mr_Magoo5 · 14h
Replying to @Mr_Magoo5

J0K3R @Mr_Magoo5 · 14h
Replying to @Mr_Magoo5 @statecontrick and @naughteedesign
So he talking about something you cannot show me. Has you are uneducated and don't know basic knowledge about anything medical. I'm guessing you would not know how the **vaccines work**.

J0K3R @Mr_Magoo5 · 16h
Replying to @MrDannyTeal @VikingRefusenik and 48 others
How does a **vaccine work** Danny let's see if you've just made a @$$ of yourself.

J0K3R @Mr_Magoo5 · 17h
Replying to @VikingRefusenik @SSZ1967 and 48 others
All I want to know, can you te

J0K3R @Mr_Magoo5 · 01 Nov
Replying to @RjSnout @dann58638436 and 47 others
How do **vaccine work** brains

J0K3R @Mr_Magoo5 · 01 Nov
Replying to @hoothathuh @yellowmazzymoo and 47 other
The UK made two **vaccine** at a lo cost on price we sent shits loads to 3rd **work** country to Vaccinate them.

J0K3R @Mr_Magoo5 · 31 Oct
Replying to @Tonysta09735709 @JohannaSzabo1 and 14 others
Tony how do **vaccine work**.

J0K3R @Mr_Magoo5 · 31 Oct
Replying to @RjSnout @yellowmazzymoo and 47 of
How do **vaccine work**

J0K3R @Mr_Magoo5 · 2d
Replying to @AllBiteNoBark88
Oi white rabbit how does a **vaccine work**.😄

J0K3R @Mr_Magoo5 · 2d
Replying to @msabouri @MinnesotaExpat and 48 others
Max how do mRNA **vaccine work**

J0K3R @Mr_Magoo5 · 2d
Replying to @StudPowercock69 @FormerAntivax and 7 others
I ask you how do **vaccine work**.

Anecdotal evidence reliable? One man says "yes".

J0K3R @Mr_Magoo5 · 2d
Replying to @StudPowercock69 @FormerAntivax and 7 others
So answer my question how does a **vaccine work**.

J0K3R @Mr_Magoo5 · 2d
Replying to @StudPowercock69 @Bryy_Miller and 4 others
Try reply to my comment and not yours. Is it my fault you don't understand clinical trials. You talk about consent and choice not one forced me I made a informed choice to be vaccinated.
So let's ask you a question how do **vaccine work**.

J0K3R @Mr_Magoo5 · 2d
Replying to @msabouri @JiminyC24 and 48 others
So you are **vaccines** has mRN not the only **vaccine** on the

---

J0K3R @Mr_Magoo5 · 30 Oct
Replying to @dann58638436 @5shezz4 and 47 others
How do **vaccine work** mate.

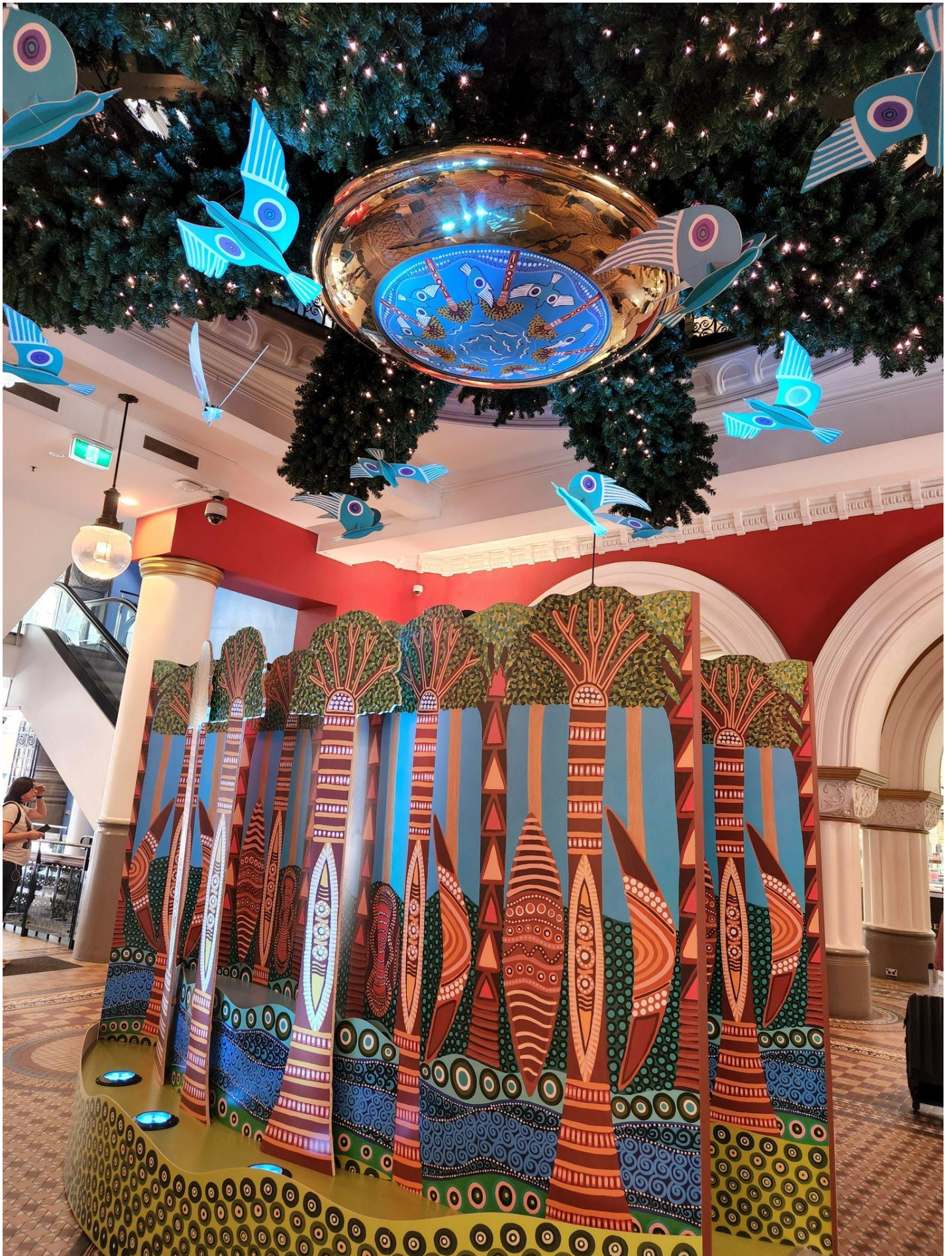J0K3R @Mr_Magoo5 · 30 Oct
Replying to @dann58638436 @NathanaelYoung and 47 others
This still don't answer how do **vaccine work**.

J0K3R @Mr_Magoo5 · 30 Oct
Replying to @dann58638436 @addict_opiate and 48 others
Dan can you tell me how **vaccine work**.

J0K3R @Mr_Magoo5 · 30 Oct
Replying to @RjSnout @troydee and 47 others
How do **vaccine work**.

J0K3R @Mr_Magoo5 · 1d
Replying to @Mr_Magoo5 @thegentlechad and 49 others
I see you ignored this question. So let's try again mate how does a **vaccine work**.

J0K3R @Mr_Magoo5 · 2d
Replying to @thegentlechad @PLHartungRN and 48 others
Mate how does a **vaccine work**.

J0K3R @Mr_Magoo5 · 2d
Replying to @canzyD01 @stephan19573 and @AllBiteNoBark88
Funny I have good friends who **work** on cardiology and their not seeing **vaccine** related. Their seeing virus related.

J0K3R @Mr_Magoo5 · 2d

J0K3R @Mr_Magoo5 · 2d
Replying to @hoothathuh @SSZ1967 and 48 others
How do **vaccine work**. Tin foil hat

J0K3R @Mr_Magoo5 · 2d
Replying to @hoothathuh @SSZ1967 and 47 others
How do **vaccine work**.😂

J0K3R @Mr_Magoo5 · 3d
Replying to @TSnow50 @ryanbeed and 48 others
No STD how does a **vaccine work**. Dippy.

J0K3R @Mr_Magoo5 · 3d
Replying to @MazdyS @TSnow50 and 48 others
Still waiting on you telling how **vaccine work** mate.

J0K3R @Mr_Magoo5 · 30 Oct
Replying to @tashatymchuk @DrMohammadIAdi1 and @NoBS_here
How do **vaccine work**.

J0K3R @Mr_Magoo5 · 30 Oct
Replying to @Heilung79 and @BoredofFools
How do **vaccine work**.?

J0K3R @Mr_Magoo5 · 30 Oct
Replying to @Heilung79 and @BoredofFools
How do **vaccine work**, I love playing with mouse. The "uneducated"

J0K3R @Mr_Magoo5 · 17h
Replying to @VikingRefusenik @SSZ1967 and 48 others
All I want to know, can you tell me how a **vaccine work**.

J0K3R @Mr_Magoo5 · 17h
Replying to @tweettruth2me
I take it you don't know how **vaccine work**.🤦🤦🤦

J0K3R @Mr_Magoo5 · 19h
Replying to @PontP93 @pachyderminthe3 and 29 others
Has all **vaccine work** the same way end point. Yes I would agree.

J0K3R @Mr_Magoo5 · 1d
Replying to @Mr_Magoo5 @thegentlechad and 49 othe
I see you ignored this questio
let's try again mate how does a

J0K3R @Mr_Magoo5 · 3d
Replying to @MazdyS @ryanbeed and 48 others
You just using the word poison. Tell me how uneducated you are. Do tell me how does a **vaccine work**.

J0K3R @Mr_Magoo5 · 3d
Replying to @TSnow50 @ryanbeed and 48 others
Std is back how does a **vaccine work** mate 😫

J0K3R @Mr_Magoo5 · 3d
Replying to @Jayboy752 @provaxtexan and 47 others
How do **vaccine work**

J0K3R @Mr_Magoo5 · 4d
Replying to @KatieJO456030
Rumble you gullible soul. Do tell me how do **vaccine work**.

J0K3R @Mr_Magoo5 · 30 Oct
Replying to @SEDEBTQ @HBeMee1 and 3 others
How do **vaccine work**.

J0K3R @Mr_Magoo5 · 29 Oct
Replying to @ThatManBob1 @NathanaelYoung and 48 others
How do **vaccine work** mate, you still not answered the question. **Vaccine** are not drugs.dippy

J0K3R @Mr_Magoo5 · 29 Oct
Replying to @sstallkerr @ryanbee and 47 others
So how do **vaccine work**.

J0K3R @Mr_Magoo5 · 29 Oct
Replying to @sstallkerr @ryanbee and 47 others
Two questions stalker how do **vaccine work**.

STOP MEDICAL CENSORSHIP
SYMPOSIUM NSW

Thursday 1st December

Dr Phillip Altman

IN PERSON - BOOKING ESSENTIAL

Registrations open from 6 PM
6:30 PM Start
Finishing at 9 PM

Dr David Adler

VENUE:
Club Rose Bay
The Deck Lounge Bar
1 Vickery Avenue , Rose Bay

Limited Tickets
In Person - $25

Dr Natalie Dumer

Dr Ryan Cole

Refreshments:
Tea and Coffee provided.
Drinks can be purchased from the bar

BOOK TODAY
https://www.trybooking.com/CEDRG
(Bookings close 5pm Sun 27 November)

Dr. Ross Grant

Tony Nikolic

Rebecca Weisser

Tanya Davies MP

AMPS
Australian Medical Professionals' Society

amps.redunion.com.au   stopmedicalcensorship.info

BET★

THIS IS EMBARRASSING

Senate Community Affairs
Legislation Committee
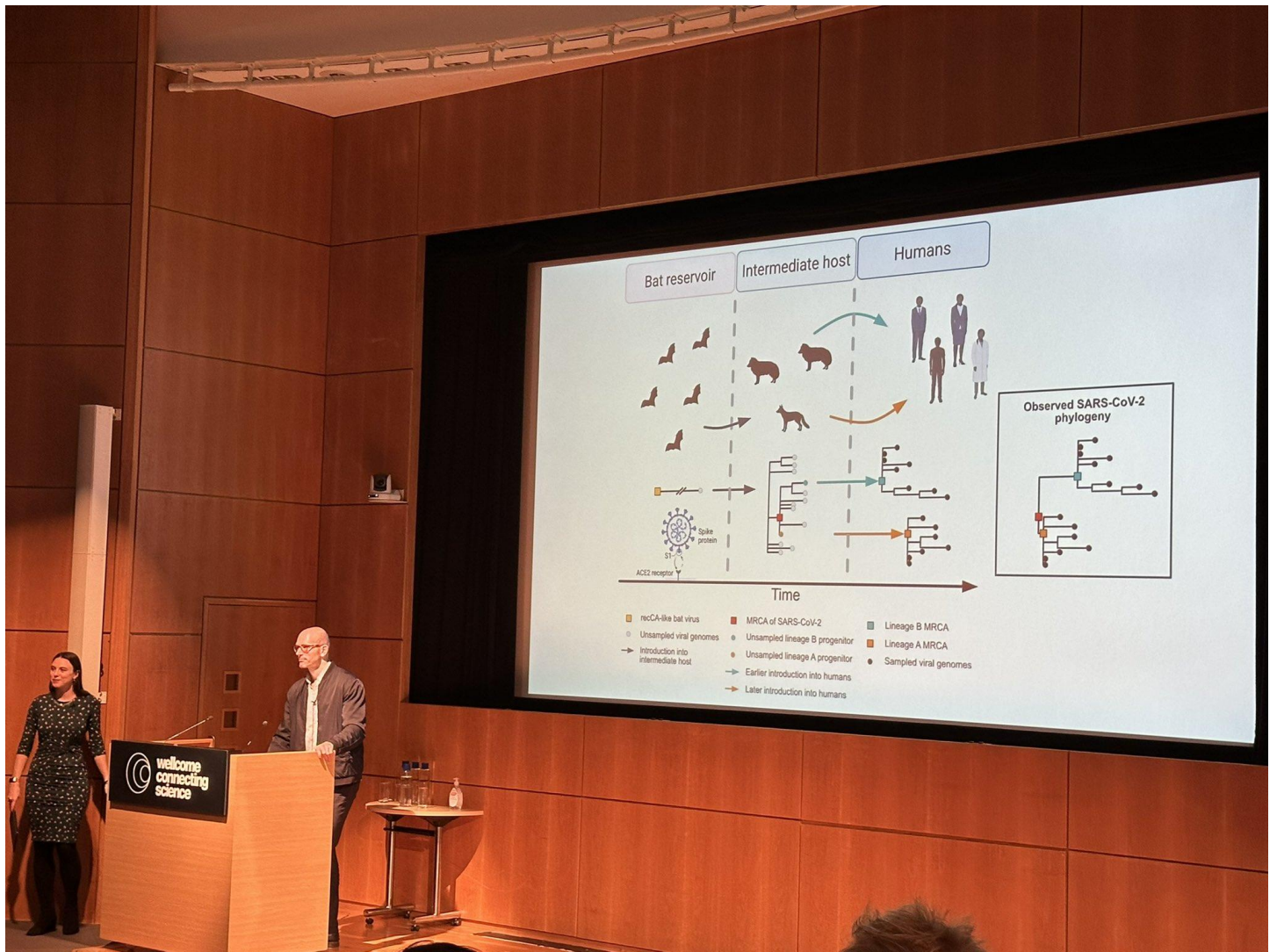
Information Governance (IG) Team
10-18 Union Street
London
SE1 1SZ
United Kingdom

Direct telephone: +44 (0)207 772 6200
Email: foi@rcog.org.uk

Wednesday 16 March 2022

Sent by email

Dear ████████

Re: Request for Information (RFI) under the Freedom of Information Act 2000 (FOIA) – ████_FOI_20220303

Thank you for your RFI received Thursday 03 March 2022. Please see an extract of your request and our response below.

Your request
"The documents I request are
1. *All RCOG emails between the members of the College's vaccine advisory committee that include reference to the use of the UKHSA data referenced in the above in preparation of the publication of this version of the web page*
2. *The data containing pregnancy outcomes for 177,000 that the advisory committee has assessed. If the advisory committee did not assess this data, please reply "The advisory committee did not assess this data itself, but relied on" and quote/supply the external report that the committee relied on.*
3. *The email containing the final draft of the webpage with its authorship and request for confirmation that he members of the advisory committee endorsed the final version*
4. *The full document and data referred to as "UKHSA data" referenced in the advisory which has been assessed by the advisory committee and for which the recommendation was subsequently made that the UKHSA data be included in the webpage to reinforce the claim of total safety of the vaccine in pregnancy for both mother and baby.*
5. *A copy of the actual animal studies reports (more than one animal study is required) referenced in the advisory, on which the statement "Studies.... in animals... have shown no evidence (of) .. harm to the pregnancy"*
6. *Any documents from lay members of the public or College members that have advised of safety concerns regarding the vaccine in pregnancy and/or the college's advisory page. If the full documents are not available a summary of numbers should be provided at this time."*

Our response

The Royal College of Obstetricians and Gynaecologists (the College) is not a public authority and is not subject to the FOIA. The College is therefore not obliged to provide you with the information you have requested.

Your next steps

If you have any further queries about this RFI, please contact the Information Governance (IG) Team using the email and postal address at the top of this letter or call us between 9:00am – 4:30pm (UK time) Monday to Friday.

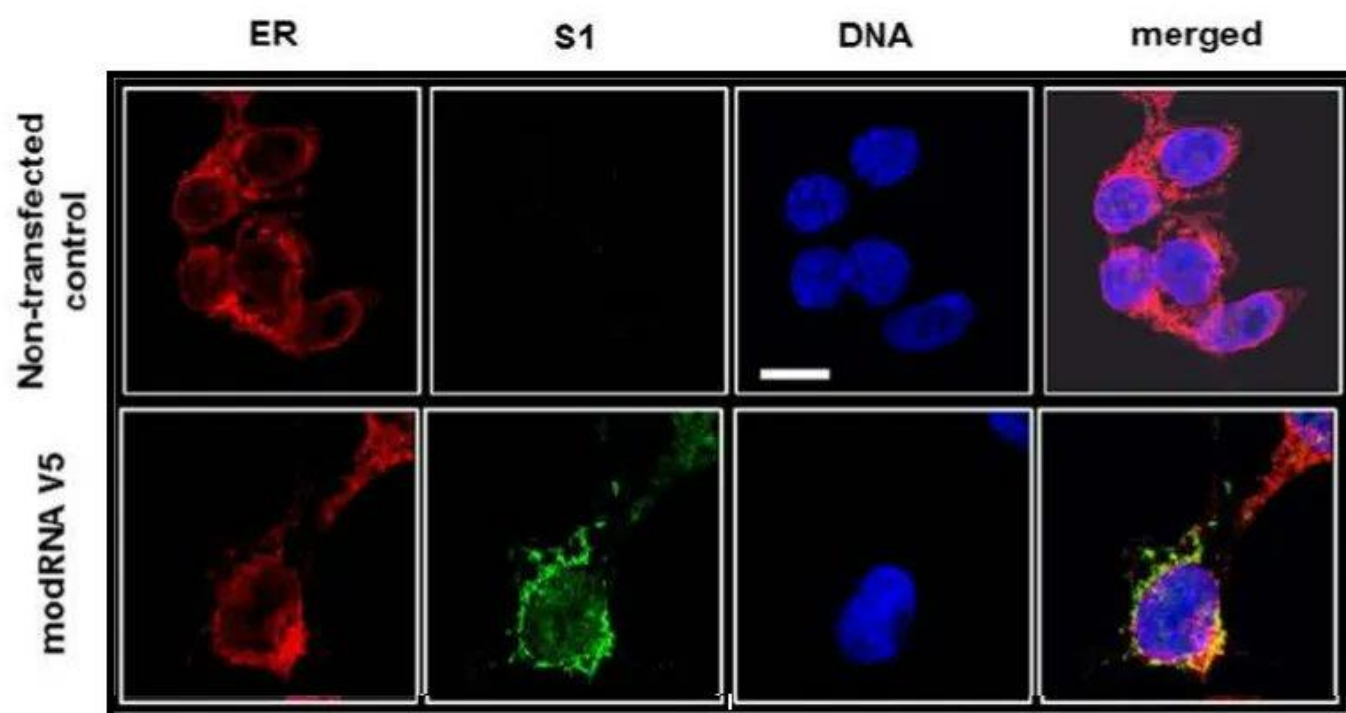If you are unhappy with our response and want to make a complaint, please contact the College with any further queries on: https://www.rcog.org.uk/en/about-us/policies/complaints-policy/.

Yours sincerely,

███████

Records and Information Governance Officer

UK scientists have transfused lab-grown blood into humans for the first time

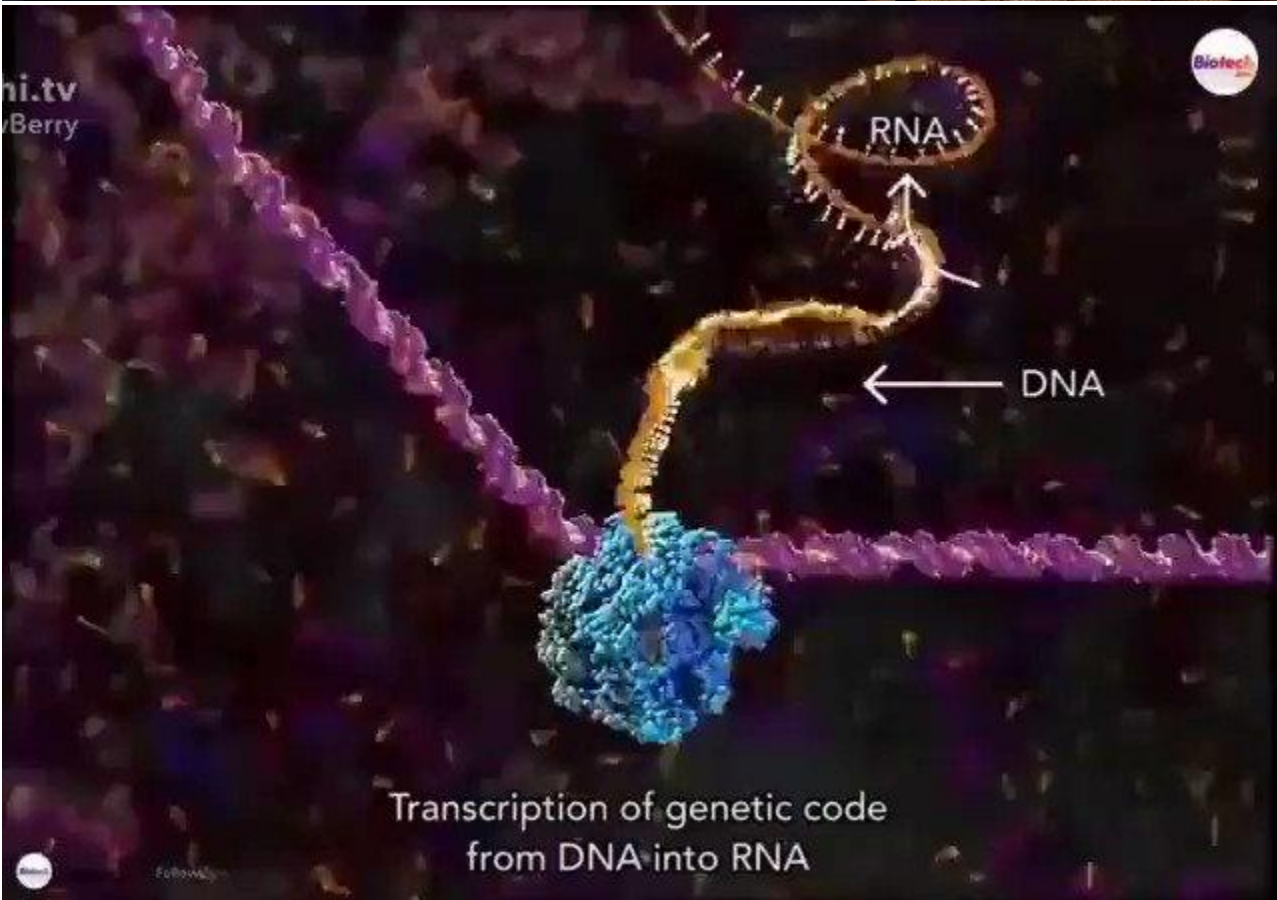WORLD ECONOMIC FORUM

RNA

DNA

Transcription of genetic code
from DNA into RNA

The UKHSA claimed that the huge drop in births in the 2022 vaccine reports was due to a "reporting delay". These are the figures for 2021 from two reports 6 months apart. No significant difference.

Did the UKHSA lie?

Week 13 report

Month	Women giving birth
Jan-21	41,949
Feb-21	40,093
Mar-21	44,589
Apr-21	42,864
May-21	44,172
Jun-21	43,815
Jul-21	47,444
Aug-21	46,202
Sep-21	46,723
Oct-21	46,212
Nov-21	42,768
Dec-21	41,531

Week 44 report

Month	Women giving birth
January 2021	41,949
February 2021	40,093
March 2021	44,589
April 2021	42,467
May 2021	43,964
June 2021	43,723
July 2021	47,393
August 2021	46,149
September 2021	46,710
October 2021	46,196
November 2021	42,917
December 2021	41,578

Table 6. Overall vaccine coverage in women giving birth, by month of delivery [1]

Month	Women giving birth	One or more doses by time of delivery	Two or more doses by time of delivery	Unvaccinated at delivery	Unvaccinated who went on to receive dose(s) after pregnancy to 26 August 2022
Jan 2021	41,949	18 (0.0%)	1 (0.0%)	41,774 (99.6%)	32,258 (77.2%)
Feb 2021	40,093	83 (0.2%)	0 (0.0%)	39,881 (99.5%)	30,812 (77.3%)
Mar 2021	44,589	296 (0.7%)	25 (0.1%)	44,173 (99.1%)	33,915 (76.8%)
Apr 2021	42,686	494 (1.2%)	93 (0.2%)	42,041 (98.5%)	31,982 (76.1%)
May 2021	44,179	1,262 (2.9%)	310 (0.7%)	42,754 (96.8%)	31,701 (74.1%)
Jun 2021	43,891	4,371 (10.0%)	656 (1.5%)	39,384 (89.7%)	27,888 (70.8%)
Jul 2021	47,530	7,725 (16.3%)	2,205 (4.6%)	39,627 (83.4%)	26,522 (66.9%)
Aug 2021	46,197	10,494 (22.7%)	6,131 (13.3%)	35,525 (76.9%)	22,196 (62.5%)
Sep 2021	46,718	15,103 (32.3%)	10,520 (22.5%)	31,439 (67.3%)	17,956 (57.1%)
Oct 2021	46,199	19,213 (41.6%)	14,655 (31.7%)	26,801 (58.0%)	13,654 (50.9%)
Nov 2021	42,918	20,898 (48.7%)	16,481 (38.4%)	21,860 (50.9%)	8,838 (40.4%)
Dec 2021	41,578	22,369 (53.8%)	18,044 (43.4%)	19,036 (45.8%)	5,598 (29.4%)
Jan 2022	39,332	23,449 (59.6%)	19,968 (50.8%)	15,738 (40.0%)	2,717 (17.3%)
Feb 2022	36,348			(33.7%)	1180 (9.6%)
Mar 2022	38,710			(30.0%)	565 (4.9%)
Apr 2022	37,167			(27.7%)	295 (2.9%)
May 2022	37,893	27,719 (73.2%)	25,367 (66.9%)	10,040 (26.5%)	158 (1.6%)

[1] 2,637 women could not be matched with a NIMS record. Their vaccine status is therefore unknown and they are excluded from these coverage figures.

Table 6. Overall vaccine coverage in women giving birth, by month of delivery [1]

Month	Women giving birth	One or more doses by time of delivery	2 or more doses by time of delivery	Unvaccinated at delivery	Unvaccinated who went on to receive dose(s) after pregnancy to 26 August 2022
January 2021	41,949	18 (0.0%)	1 (0.0%)	41,774 (99.6%)	32,271 (77.3%)
February 2021	40,093	83 (0.2%)	0 (0.0%)	39,882 (99.5%)	30,833 (77.3%)
March 2021	44,589	296 (0.7%)	25 (0.1%)	44,173 (99.1%)	33,931 (76.8%)
April 2021	42,467	493 (1.2%)	93 (0.2%)	41,825 (98.5%)	31,850 (76.2%)
May 2021	43,964	1,261 (2.9%)	309 (0.7%)	42,542 (96.8%)	31,625 (74.3%)
June 2021	43,723	4,369 (10.0%)	656 (1.5%)	39,219 (89.7%)	27,832 (71.0%)
July 2021	47,393	7,717 (16.3%)	2,203 (4.6%)	39,497 (83.3%)	26,493 (67.1%)
August 2021	46,149	10,486 (22.7%)	6,129 (13.3%)	35,488 (76.9%)	22,208 (62.6%)
September 2021	46,710	15,101 (32.3%)	10,519 (22.5%)	31,433 (67.3%)	17,992 (57.2%)
October 2021	46,196	19,211 (41.6%)	14,655 (31.7%)	26,801 (58.0%)	13,689 (51.1%)
November 2021	42,917	20,896 (48.7%)	16,482 (38.4%)	21,860 (50.9%)	8,864 (40.5%)
December 2021	41,578	22,372 (53.8%)	18,048 (43.4%)	19,033 (45.8%)	5,634 (29.6%)
January 2022	39,331	23,449 (59.6%)	19,971 (50.8%)	15,739 (40.0%)	2,776 (17.6%)
February 2022	36,348	2?,??? (65.0%)	?1,?4? (57.0%)	1?,?5? (33.7%)	1221 (10.0%)
March 2022	38,702			(30.0%)	611 (5.3%)
April 2022	37,539			(27.8%)	330 (3.2%)
May 2022	38,345	28,023 (73.1%)	25,645 (66.9%)	10,187 (26.6%)	199 (2.0%)
June 2022	37,037	27,029 (73.0%)	24,933 (67.3%)	9,855 (26.6%)	96 (1.0%)

[1] 2,778 women could not be matched with a NIMS record. Their vaccine status is therefore unknown and they are excluded from these coverage figures.
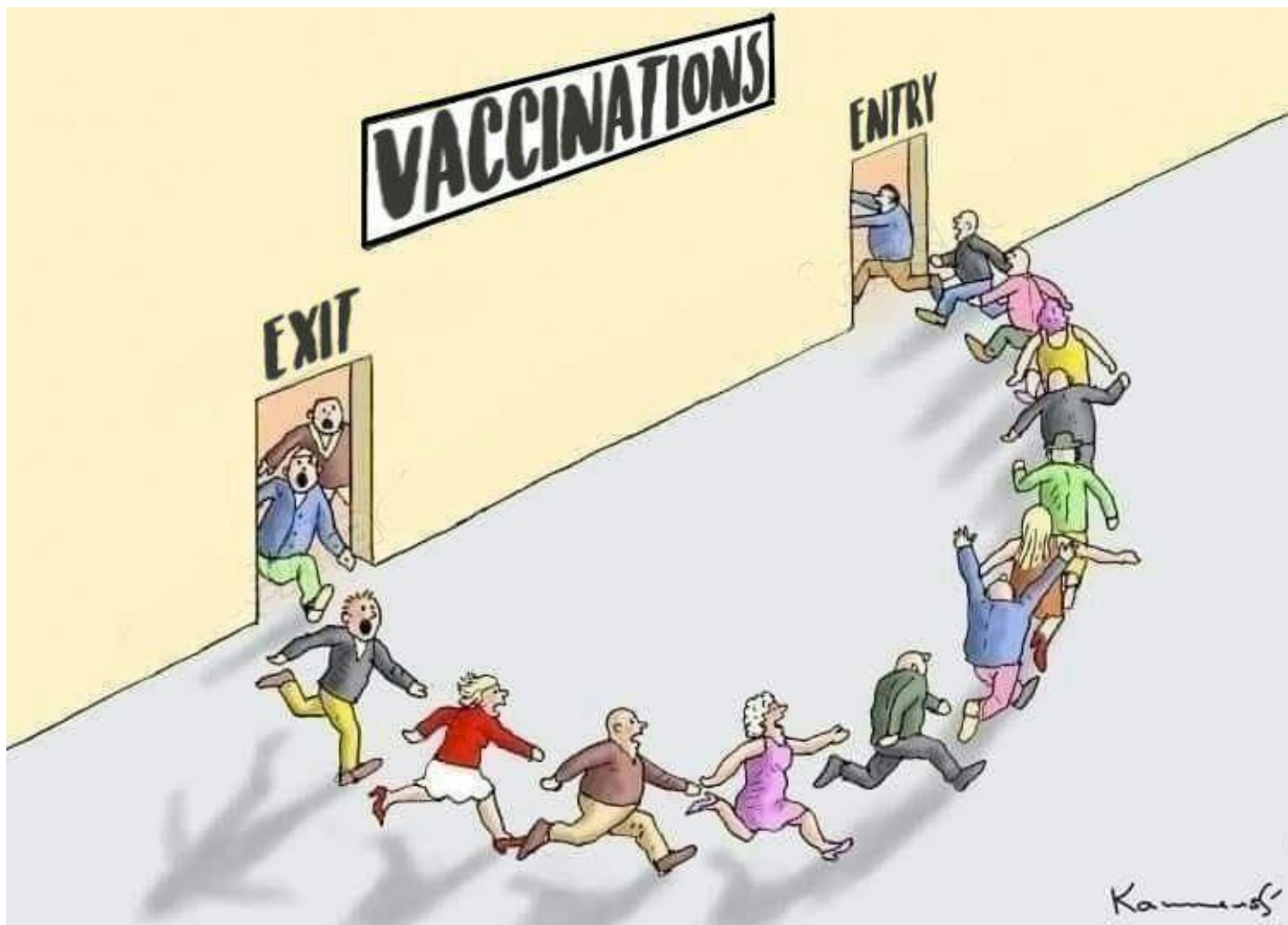
Clinician alert #89 – all clinicians

Effective from 19 October 2022

The Australian Technical Advisory Group on Immunisation (ATAGI) and the Cardiac Society of Australia and New Zealand (CSANZ) have recently updated the "Guidance on Myocarditis and Pericarditis after COVID-19 Vaccinations".

Important information for clinicians

- Myocarditis and/or pericarditis are rare side effects that have been associated with all brands of COVID-19 vaccine currently used in Australia; the available data suggest the risk is higher after an mRNA vaccine and is greater following Spikevax (Moderna) compared to Comirnaty (Pfizer).
- Pericarditis and myocarditis after COVID-19 vaccines have been mostly reported in males aged 16-40 years of age, and mostly after the second dose. However, these conditions do occur in both females and males, at any age, and after any dose, including a third or fourth dose.
- Myocarditis and pericarditis following vaccination can present with atypical features, such as the absence of chest pain, or the presence of abdominal pain or other non-specific symptoms. It is important to consider myocarditis in the differential diagnosis if someone presents with ongoing non-specific symptoms in the 1-2 weeks following a COVID-19 vaccine.
- Most myocarditis cases linked to COVID-19 vaccination have required hospitalisation, with most cases having a relatively mild and self-limiting course. Fatal cases have been reported, including in females.
- Patients with confirmed myocarditis should be admitted to hospital for cardiac monitoring, until the cardiac biomarker levels have peaked, and symptoms have improved.
- Follow-up cardiac MRI studies of patients who had experienced myocarditis following mRNA COVID-19 vaccination frequently demonstrated late gadolinium enhancement (LGE) in areas of their myocardium. Some studies have shown improved but persistent LGE a few months after onset of myocarditis. In other contexts, these changes have represented myocardial scarring. The clinical significance of these findings following myocarditis after COVID-19 vaccination is currently unknown.
- ATAGI recommends an 8-week interval between dose one and dose two for the Pfizer, Moderna and Novavax vaccines, particularly for males aged 12 to 39 years. This may reduce the risk of myocarditis and/or pericarditis following vaccination.
- Providers should consider the potential risk of myocarditis and pericarditis when selecting a COVID-19 vaccine brand and dose interval, considering the individual's age, gender, preferences, and any precautions in relation to specific vaccine brands.
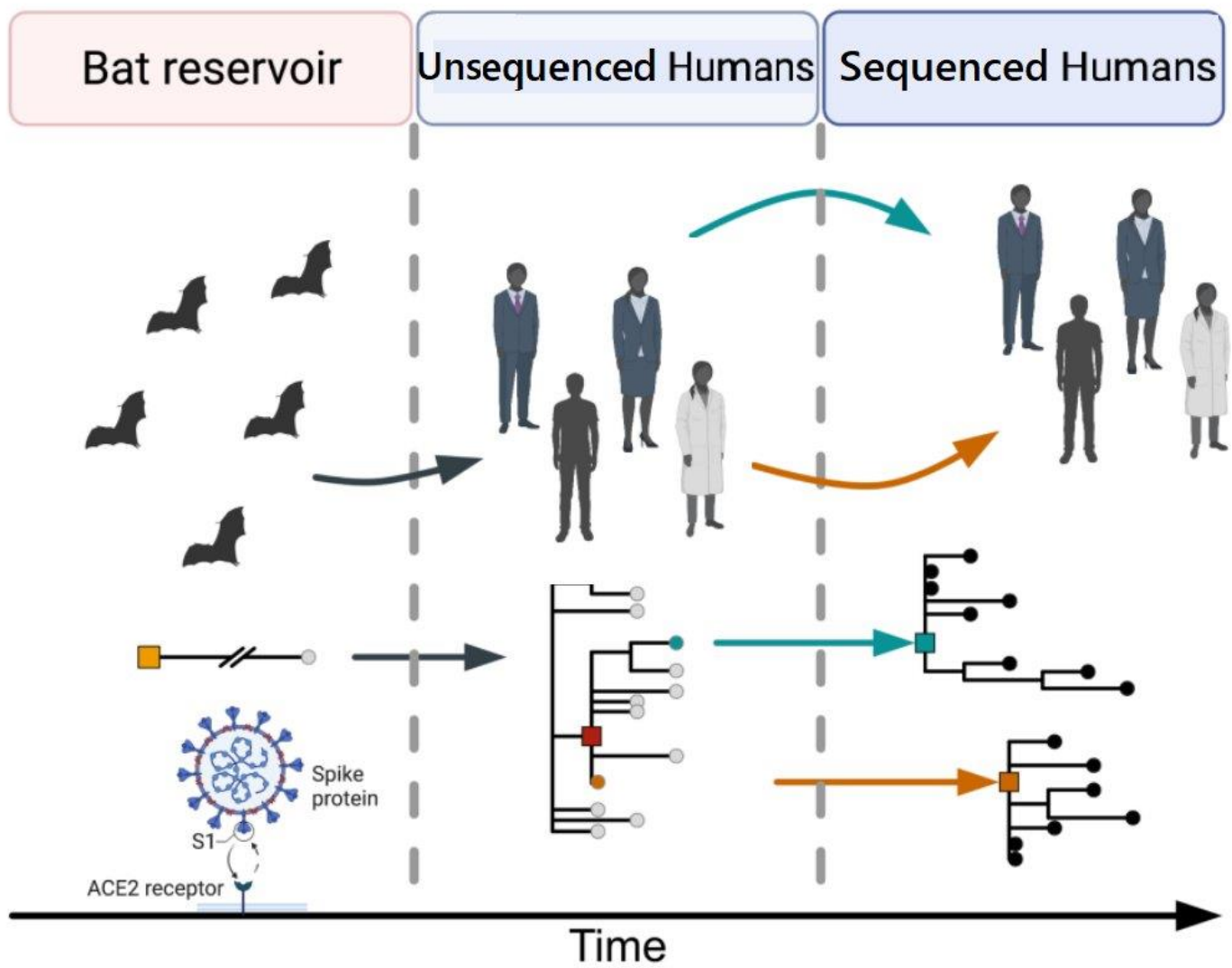
A

SS

NTD

Cathepsin Cleavage

RBD

SD2

SD1

S1/S2

PRRAR

P-L-D-P-P-E-A-E

S2'

FP

HR1

CH

CD

1208

TM

HR2 CT

1

1273

Novel additional
Cathepsin cleavage
with Omicron and
beyond spike and
injections too

B

90°

RBD down

RBD down

RBD up

Viral membrane

A

SS

Cathepsin Cleavage

RBD

SD2

S2′

1208

HR1

CD

TM

1

1273

NTD

SD1

FP

CH

HR2 CT

S1/S2

PRRAR

P-L-D-P-P-E-A-E

Novel additional Cathepsin cleavage with Omicron and beyond spike and injections too

B

90°

RBD down

RBD down

RBD up

Viral membrane

Bat reservoir | Unsequenced Humans | Sequenced Humans

Spike protein

S1

ACE2 receptor

Time

Table 6. Overall vaccine coverage in women giving birth, by month of delivery [1]

Month	Women giving birth	One or more doses by time of delivery	Two or more doses by time of delivery	Unvaccinated at delivery	Unvaccinated who went on to receive dose(s) after pregnancy to 26 August 2022
Jan 2021	41,949	18 (0.0%)	1 (0.0%)	41,774 (99.6%)	32,258 (77.2%)
Feb 2021	40,093	83 (0.2%)	0 (0.0%)	39,881 (99.5%)	30,812 (77.3%)
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Jan 2022	39,332	23,449 (59.6%)	19,968 (50.8%)	15,738 (40.0%)	2,717 (17.3%)
Feb 2022	36,348	23,936 (65.9%)	21,040 (57.9%)	12,254 (33.7%)	1180 (9.6%)
Mar 2022	38,710	26,942 (69.6%)	23,956 (61.9%)	11,626 (30.0%)	565 (4.9%)
Apr 2022	37,167	26,710 (71.9%)	24,106 (64.9%)	10,305 (27.7%)	295 (2.9%)
May 2022	37,893	27,719 (73.2%)	25,367 (66.9%)	10,040 (26.5%)	158 (1.6%)

[1] 2,637 women could not be matched with a NIMS record. Their vaccine status is therefore unknown and they are excluded from these coverage figures.

22

nasal swabs, and all were Omicron BA.1 infections by sequencing. Twenty individuals were unvaccinated with no history of previous symptomatic COVID-19 infection. Seven individuals had previously been vaccinated with either one dose of Ad26.CoV2.S (n = 2) or two doses of BNT162b2 (n = 5) at least 56 days (56–163 days) prior to infection. Samples were taken a median of four days (1–10 days) after a positive PCR test. The median ages of the vaccinated and unvaccinated individuals were similar (58 and 64 respectively), and infections ranged from mild to severe as determined by World Health Organization (WHO) scoring (Table S1).

We first compared levels of binding antibodies, as measured by enzyme-linked immunosorbent assay (ELISA) against the ancestral D614G, Beta, Delta, and Omicron BA.1 spikes. In unvaccinated individuals, titers of binding antibodies against Omicron BA.1 were highest, as expected, and were detectable in all donors. Although we observed statistically significant 2.2-, 1.8-, and 1.7-fold decreases in binding to D614G, Beta, and Delta, respectively, in this group, Omicron BA.1-triggered antibodies were fairly cross-reactive for all variants tested in that they lost activity against other VOCs in 10%–25% of individuals (Figures 1A and 1C). In previously vaccinated individuals who experienced breakthrough infection with Omicron BA.1, binding against Omicron BA.1 was higher than in unvaccinated individuals (geometric mean titer [GMT] of 2.96 versus 1.95) (Figures 1B and 1C). Furthermore, antibodies from these vaccinated individuals exhibited higher levels of cross-reactivity against all variants, and no significant losses were observed (Figure 1B).

observed in relation to Omicron BA.1, and all donors exhibited activity against the panel of VOCs tested here (Figure 1E). Compared with unvaccinated individuals, vaccinated individuals infected with Omicron BA.1 displayed significantly higher levels of ADCP, mirroring the binding antibodies (Figures 1E and 1F).

In contrast to binding and ADCP, ADCC in unvaccinated individuals showed significant losses against D614G (3-fold loss) and Beta (4-fold loss). However, like ADCP and binding antibodies, ADCC activity against Delta was retained (Figure 1G). I this group, Omicron BA.1-triggered ADCC was undetectable against D614G and Beta in 25% and 30% of plasma samples, respectively. After previous vaccination, Omicron BA.1 breakthrough infections resulted in overall preserv[...] against VOCs, such that only one individual showed undetectable activity against Delta (Figure 1H). Levels of ADCC in previously vaccinated donors were significantly higher than those in unvaccinated individuals, except that ADCC activity against Delta was similar between both groups (Figure 1I).

of Omicron BA.2, which showed comparatively modest decreases, VOCs significantly compromised neutralization, indicating limited neutralization cross-reactivity of antibodies elicited by Omicron. In contrast, vaccinated individuals who subsequently became infected with Omicron showed greatly improved cross-reactivity with high titers against Omicron BA.1, BA.2, D614G (one amino acid different from the vaccine spike), Beta, Delta, and C.1.2.

We and others have shown that Fc effector function is largely preserved against VOCs in both convalescent and vaccine-elicited plasma (Kaplonek et al., 2022; Richardson et al., 2022). Also, as with neutralization, we have shown that Fc effector function triggered by Beta is more cross-reactive than antibodies elicited by D614G, indicating that the spike sequence of the eliciting immunogen affects the extent of ADCC cross-reactivity (Moyo-Gwete et al., 2021; Richardson et al., 2022). Here, we show that Omicron infection similarly triggers differential ADCC cross-reactivity: significantly decreased activity against D614G and Beta but not against Delta. This observation extends to vaccinated individuals, in whom ADCC was still significantly poorer against Beta. This differential targeting of ADCC-mediating antibodies indicates that they might preferentially bind sites that differ between Omicron and other VOCs. Alternatively, different VOCs might trigger antibodies with varied glycosylations and isotypes, both of which modulate Fc effector function (Jennewein and Alter, 2017).

In the absence of vaccination, Omicron-elicited humoral responses, although potent against the matched Omicron spike, show significantly less activity against VOCs. Thus, although highly immunogenic, Omicron does not elicit cross-neutralizing responses. This is consistent with a decreased ability of plasma from unvaccinated individuals to neutralize Delta compared with Omicron after Omicron infection (Khan et al., 2022), which could leave this unvaccinated group at risk of being reinfected with other variants that continued to circulate and evolve in South Africa at the time of this study, including Beta, Delta, and C.1.2. However, we noted only modestly lower neutralizing titers against Omicron BA.2 than against Omicron BA.1 in this cohort, which is in line with a study showing a 3-fold loss in activity against Omicron BA.2 in Omicron BA.1-infected hamsters (Yamasoba et al., 2022). This indicates that despite a number of differences between the sub-lineages, these changes do not seem to greatly alter the capacity of Omicron BA.1 antibodies to neutralize Omicron BA.2.

Only dump people can claim such a bullshit ignoring T-mem! Stick your freaking HIV shot into your asses! Morrons!

Sir Nick said that the Armed Forces had also been working with the Cabinet Office to tackle misinformation and disinformation.

He added: "We have been involved with the Cabinet Office rapid response unit, with our 77 Brigade helping to quash rumours from misinformation, but also to counter disinformation."

Peter Daszak ✔ @PeterDaszak · Oct 18

Replying to @andrewtanyongyi @antonioregalado and 15 others

I stated then, & many times since, that none of the 100s of PCR +ve samples from 15K+ bat samples jointly collected by EHA/WIV contained RdRp sequences closer than RaTG13 (4991). All sequences known then were already in Latinne et al. draft way before the pandemic began

💬 1 🔁 ♡ 2 ⬆️

Daszak's own Jan 2020 email contradicts these 2022 tweets!

Peter Daszak ✔ @PeterDaszak · Oct 18

Replying to @PeterDaszak @andrewtanyongyi and 16 others

Paper was submitted before pandemic, revised during pandemic, published in summer 2020 w/ no closer-to-SARS-CoV-2-sequences at any step.

💬 🔁 ♡ 1 ⬆️

Excess mortality: Deaths from all causes compared to projection

Our World in Data

The percentage difference between the reported number of weekly or monthly deaths in 2020–2022 and the projected number
of deaths for the same period based on previous years. The reported number might not count all deaths that occurred due to incomplete coverage and delays in reporting.

⊕ **Add country**

Japan
United States

Jan 5, 2020   Sep 11, 2022
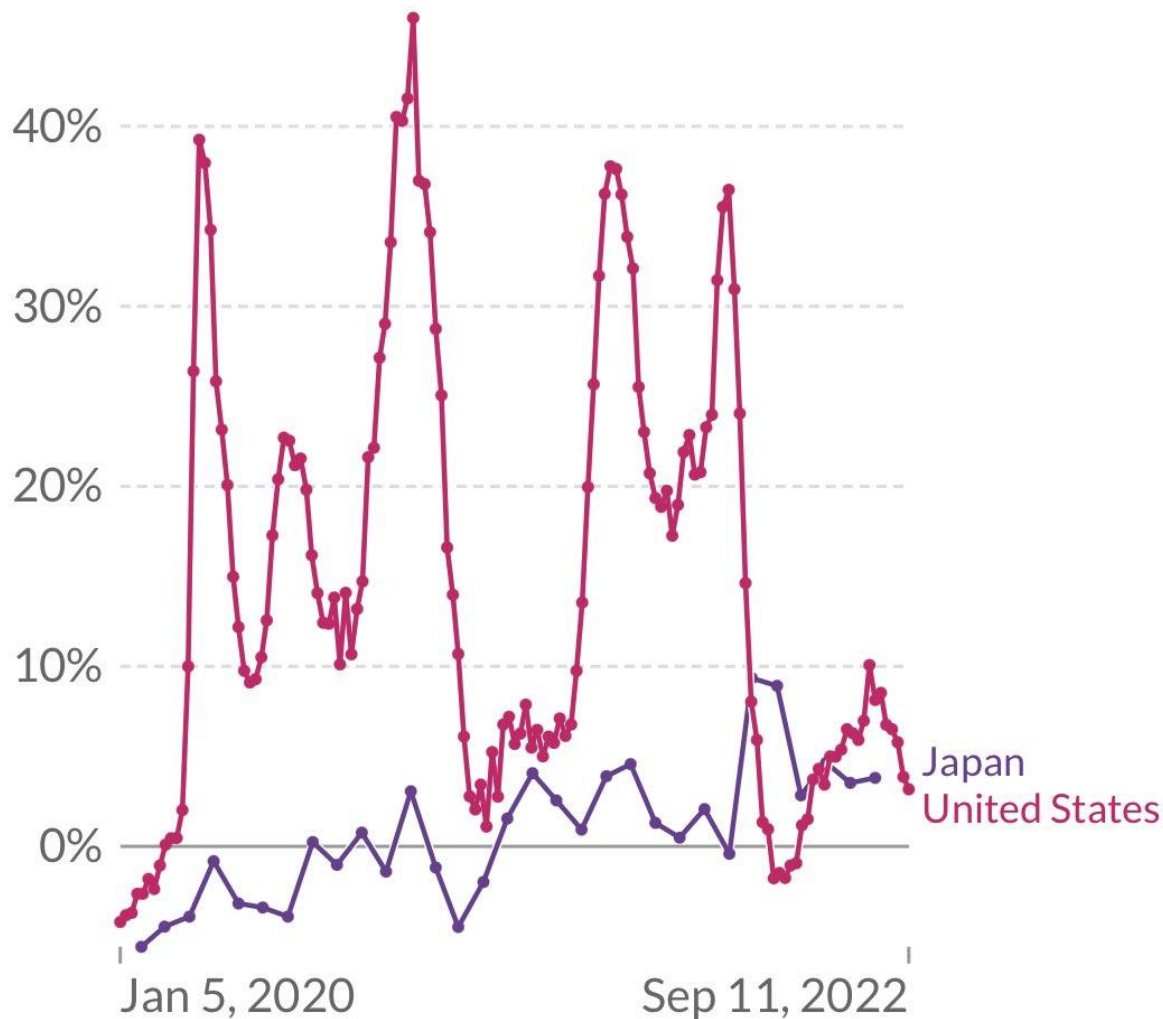
Synthetic Lipid Nanoparticles Targeting Steroid Organs

Juliette Mérian[1,2], Raphaël Boisgard[1], Xavier Decleves[3], Benoît Thezé[1], Isabelle Texier[2], and Bertrand Tavitian[1,4]

[1]Inserm U1023, I2BM/SHFJ, CEA, Orsay, France; [2]CEA Leti, Minatec Campus, DTBS, Grenoble, France; [3]Faculté de Pharmacie, Université Paris Descartes, Paris, France; and [4]Inserm UMR 970, PARCC; Université Paris Descartes, Sorbonne Paris Cité; Assistance Publique-Hôpitaux de Paris, Hôpital Européen Georges Pompidou, Paris, France
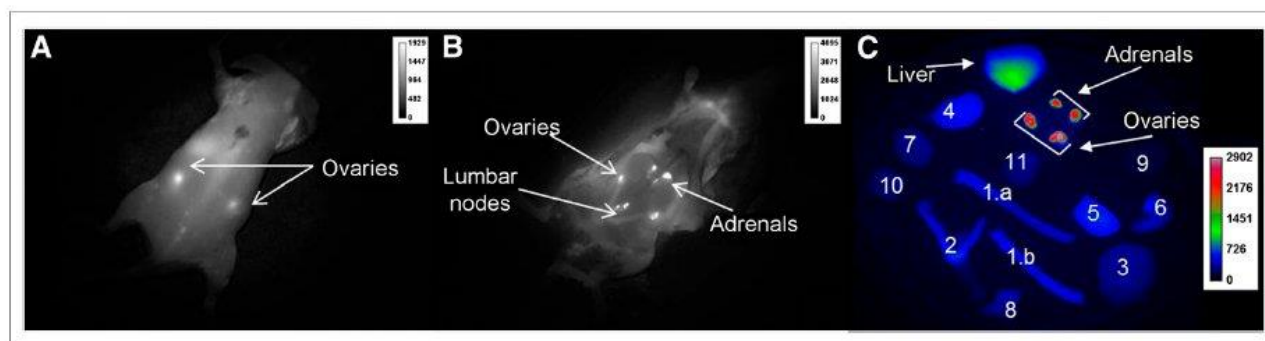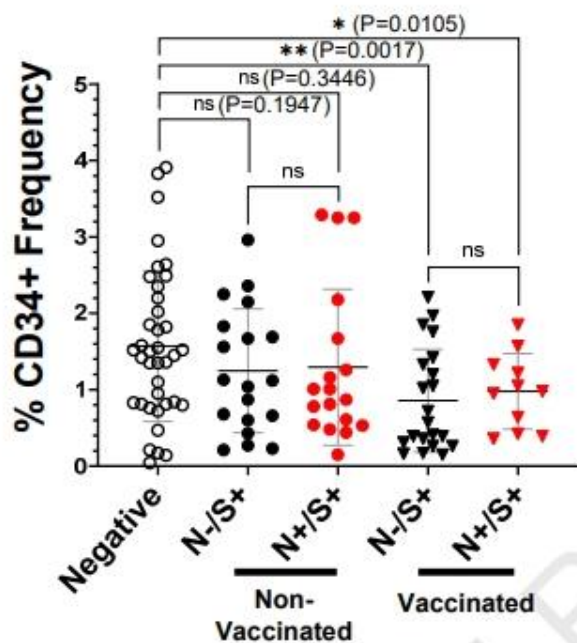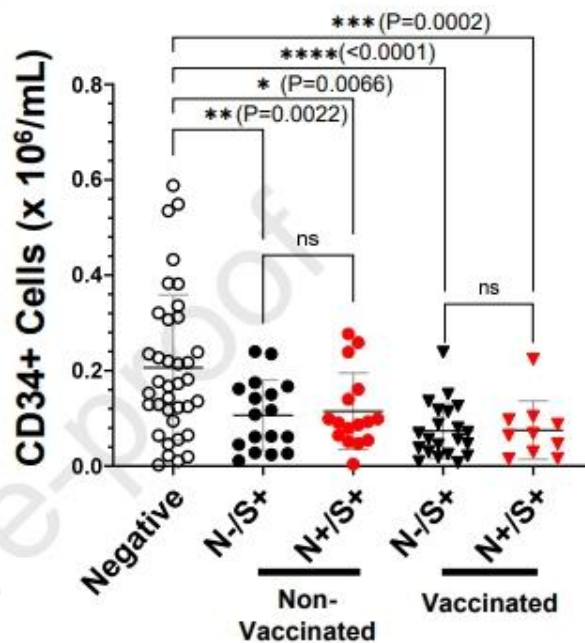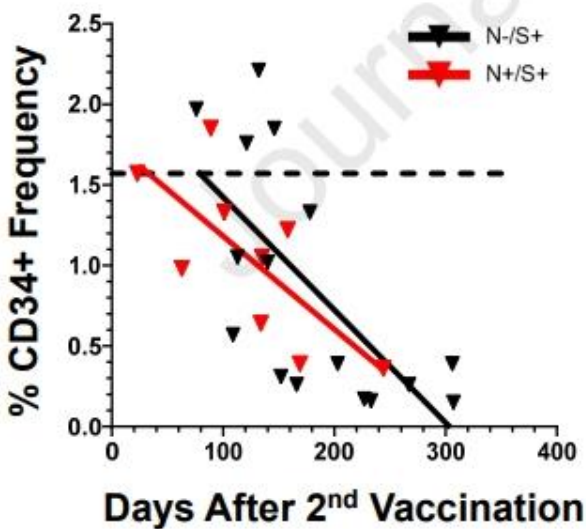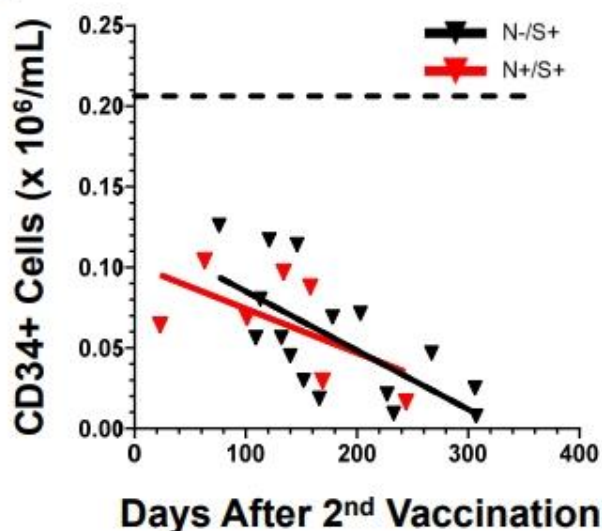
FIGURE 3. In vivo fluorescence imaging. (A) Representative image of FVB female mouse 24 h after intravenous injection of 1.2×10^{13} DiD-loaded nanoparticles. (B) Representative image after laparotomy. (C) Ex vivo image of mouse organs at 24 h after injection. Acquisition times were set at 100 ms; contrast range was from 0 to 1,929 for A, 0 to 4,095 for B, and 0 to 2,902 for C. 1 = intestine; 1a = duodenum; 1b = jejunum; 2 = uterus; 3 = brain; 4 = kidney; 5 = spleen; 6 = lung; 7 = salivary glands; 8 = pancreas; 9 = muscle; 10 = fat; 11 = heart.

A

% CD34+ Frequency vs groups: Negative, N-/S+, N+/S+ (Non-Vaccinated), N-/S+, N+/S+ (Vaccinated)

ns (P=0.1947)
ns (P=0.3446)
** (P=0.0017)
* (P=0.0105)
ns
ns

B

CD34+ Cells (× 10⁶/mL) vs groups: Negative, N-/S+, N+/S+ (Non-Vaccinated), N-/S+, N+/S+ (Vaccinated)

** (P=0.0022)
* (P=0.0066)
**** (<0.0001)
*** (P=0.0002)
ns
ns

C

% CD34+ Frequency vs Days After 2nd Vaccination

N-/S+
N+/S+

R²=45% (**, p=0.0044)
R²=53% (*, P=0.0257)

D

CD34+ Cells (× 10⁶/mL) vs Days After 2nd Vaccination

N-/S+
N+/S+

R²=46% (**, p=0.004)
R²=36% (ns, p=0.1555)

increase [53,54]. Importantly, IFN-γ disrupts quiescence of HSPCs and promotes excessive terminal differentiation via bone marrow stromal cell antigen 2 (BST2) that mediates HSPC delocalization and activation [25,56]. Another report also indicated negative impacts of IFN-γ on HSPCs in terms of multilineage engraftment as well as self-renewability [57]. More recently, it has also indicated that BNT162b2 mRNA COVID-19 vaccine significantly increases the levels of IFN-γ in the vaccinated subjects more than the infected subjects [58-62]. As such, one of the potential reasons for the decrease in UCB CD34+ cells obtained from the double positive donor groups would be continuous stimulation of them by IFN-γ over the course of gestation locally, such as in the feral liver, bone marrow, or the fetal the past. Indeed, our transcriptome data indicated significant decreases of some HLA-class II expressions (HLA-DQA1, HLA-DQB1, HLA-DRA, HLA-DRB1, and HLA-DRB5) in purified CD34+ cells from UCB donors in the double positive, non-vaccinated group. If the continuous IFN-γ stimulation was present in the donor, these levels should more increase [53,54]. Importantly, IFN-γ disrupts quiescence of HSPCs and promotes excessive

You were looking at the wrong HLA?! And of course you will see an increase of IFN-γ in BNT162b2, you psychos!

## Summary and Conclusion

Go to: ▸

The main function of the MHC gene is clearing infection and thereby survival of species. HLA genes evolved during thousands of years as humans moved through different parts of the world. The major HLA class II haplotypes DR4/DQ8, DR3/DQ2, and DR2/DQ6 and class I molecules such as B27 are critical in generating efficient immune response to pathogens. They present multiple peptides to activate T cells, B cells, and NK cells and secrete cytokines to control pathogens. Unfortunately, these cells sometime target self-antigens and cause autoimmunity. Thus, autoimmunity is the price paid for clearance of infections and survival of the species.

Summary:

Umbilical cord blood (UCB) is an irreplaceable source for hematopoietic stem progenitor cells (HSPCs). However, the effects of SARS-CoV-2 infection and COVID-19 vaccination on UCB phenotype, specifically the HSPCs therein, are currently unknow. We thus evaluated any effects of SARS-CoV-2 infection and/or COVID-19 vaccination from the mother on the fate and functionalities of HSPCs in the UCB. The numbers and frequencies of HSPCs in the UCB decreased significantly in donors with previous SARS-CoV-2 infection and more so with COVID-19 vaccination via the induction of apoptosis, likely mediated by IFN-γ-dependent pathways. Two independent hematopoiesis assays, a colony forming unit assay and a mouse humanization assay, revealed skewed hematopoiesis of HSPCs obtained from donors delivered from mothers with SARS-CoV-2 infection history. These results indicate that SARS-CoV-2 infection and COVID-19 vaccination impair the functionalities and survivability of HSPCs in the UCB, which would make unprecedented concerns on the future of HSPC-based therapies.

"*The TOGETHER Trial aims to identify effective repurposed therapies to prevent the disease progression of COVID-19.*"

Dr. Edward Mills & Dr. Gilmar Reis, Co-Principal Investigators, the TOGETHER Trial
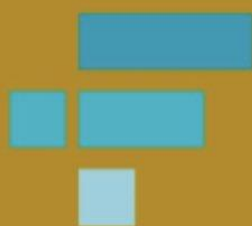
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Viki Male @VikiLovesFACS · 03 Mar 21   ⋮

As an immunologist working on pregnancy, I know people have a lot of questions about the #COVID19 #vaccine, #fertility, #pregnancy and #breastfeeding... 💉 🤰🏻 🤱🏽

This explainer summarises what we know so far (it's reassuring!) and I update it regularly...

> **Explainer on COVID19 vaccine and fertility.docx**
> drive.google.com

💬 332   🔁 948   ♡ 1,632   ⬈

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⬆ Viki Male Retweeted

PregnantThenScrewed @PregnantScrewed · 6h   ⋮

Jeremy Hunt says he wants to understand why the UK has so many people of working age who have left the labour market as he believes this is why ➕ economy is falling behind other nations. 👋 There

pregnancy. Views are my own @projectnaio

🗂 Medical & Health ⓘ 📍 North West, England

🗓 Joined March 2009

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Dr Teresa Kelly @ztkelly · 26 Sep 21   ⋮
@MENnewsdesk great article helping explain why
Covid vaccination in pregnancy is recommended
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a world of vaccine misinformation, a maternity unit
is giving women the facts

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In a world of vaccine misinformation, a maternity
unit is giving women the facts

💬 98   🔁 33   ♡ 57   ⤴

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SARS-CoV-2 Origins Research Reference Project - HIV & SARS [Last Updated 7/26/2022] - C. H. Rixey

Date	Research Articles, News & Commentary Title	Author (s)	GF	Source Methods/Addtl Info	Vx	HI	SA	ME	SARS-CoV
5/1/1990	Mutational analysis of the human immunodeficiency virus type 1 env gene product proteolytic cleavage site (asm.org)	Valerie Bosch & Michael Pawlita		Changed FCS	Vaccine	HIV			
1/1/1991	Biological and immunological properties of human immunodeficiency virus type 1 envelope glycoprotein: analysis of proteins with truncations as	Patricia Earl et al	NIAID	No FCS [Primary & Secondary CS were removed/re	Vaccine	HIV			
1/15/2000	A Recombinant HIV-1 Envelope Glycoprotein Complex Stabilized by an Intermolecular Disulfide Bond between the gp120 and gp41 Subunits Is	Binley, James et al		No FCS [Disulfide bond replaces CS]	Vaccine	HIV			
12/15/2006	Phase 1 Safety and Immunogenicity Evaluation of a Multiclade HIV-1 DNA Candidate Vaccine	Barney Graham, John Mascola et al	VRC	No FCS, Multiclade/Conserved	Vaccine	HIV			
1/2/2014	Short Conserved Sequences of HIV-1 Are Highly Immunogenic and Shift Immunodominance	Otto Yang et al [UCLA]	UCLA	No FCS, Conserved Epitope, ~20%	Vaccine	HIV			
2/24/2016	Control of HIV-1 replication in vitro by vaccine-induced human CD8+ T cells through conserved subdominant Pol epitopes	Tina Ahmed et al	Oxford	No FCS, Chimaeric, Conserved, Alt. Clades	Vaccine	HIV			
4/1/2016	Novel Conserved-region T-cell Mosaic Vaccine With High Global HIV-1 Coverage Is Recognized by Protective Responses in Untreated Infectio	Bette Korber et al	LANL	No FCS, Removed AA's 364-389, Mosaic structure	Vaccine	HIV			
4/1/2016	Suppl figures5-v2.pptx [Novel Conserved Region]	Bette Korber et al	LANL	No FCS, Removed AA's 364-389, Mosaic structure	Vaccine	HIV			
8/29/2017	Immunogenicity and structures of a rationally designed prefusion MERS-CoV spike antigen	Kizzmekia Corbett, Barney Graham et al	VRC	Changed FCS [to ASVG], 2P	Vaccine	HIV		MERS	
11/21/2017	Structure-based design of native-like HIV-1 envelope trimers to silence non-neutralizing epitopes and eliminate CD4 binding	Daniel W. Kulp et al	Scripps	No FCS & replace it with a flexible 'linker'	Vaccine	HIV		MERS	
5/15/2018	HIV-1 Vaccines Based on Antibody Identification, B Cell Ontogeny, and Epitope Structure	Mascola, John & Kwong, Peter	VRC	No FCS, Prefusion	Vaccine	HIV			
5/24/2018	Codon optimization & improved delivery/jab regimen enhance the immune response against wild-type & drug-resistant HIV-1 rev-trans, preserv	AA Latanova et al	LANL	No FCS, Codon optimized, smaller conserved elemer	Vaccine	HIV			
10/25/2019	T cell-based strategies for HIV-1 vaccines	Bette Korber & Will Fischer	LANL	No FCS, 9 mosaic/conserved prototypes	Vaccine	HIV			
3/9/2020	Structure, Function, and Antigenicity of the SARS-CoV-2 Spike Glycoprotein: Cell	Alexandra C. Walls et al		Changed FCS [removed 4 AA]	Vaccine				SARS-COV-2
3/16/2020	Don't rush to deploy COVID-19 vaccines and drugs without sufficient safety guarantees (nature.com)	Shibo Jiang	FUD	No FCS, 2P & Disulfide Bonds	Vaccine				SARS-COV-2
4/26/2020	Vaccines and Broadly Neutralizing Antibodies for HIV-1 Prevention	Bette Korber et al	LANL	No FCS, 4 mosaic/conserved prototypes	Vaccine	HIV			
6/2/2020	Biovacc-19: A candidate vaccine.....	Sørensen, Birger, Dalgleish, Angus & Sus	PG	Changed FCS; ~2 dozen pieces blended together	Vaccine	HIV			
8/4/2020	Structure-guided covalent stabilization of coronavirus spike glycoprotein trimers in the closed conformation	University of Washington team		Changed FCS, 2P	Vaccine		SARS	MERS	SARS-COV-2
8/5/2020	SARS-CoV-2 mRNA vaccine design enabled by prototype pathogen preparedness - PubMed (nih.gov)	Barney Graham et al	VRC	**Retained unchanged FCS, 2P**	Vaccine				SARS-COV-2
8/12/2020	Phase I/II study of COVID-19 RNA vaccine BNT162b1 in adults	Nature	Philip Dormitzer et al		**Retained unchanged FCS, 2P**	Vaccine				
10/26/2020	Inhibition of SARS-CoV-2 viral entry upon blocking N- and O-glycan elaboration	eLife (elifesciences.org)	Qi Yang et al		Changed FCS [RRAR switched out with SRAS]	Vaccine				SARS-COV-2
12/9/2020	Stabilized diverse HIV-1 envelope trimers for vaccine design	Wang, Qian et al	CHN	Changed FCS, disulfide bonds	Vaccine	HIV		MERS	SARS-COV-2
3/2/2021	Introduction of Two Prolines and Removal of the Polybasic Cleavage Site Lead to Higher Efficacy of a Recombinant Spike-Based SARS-CoV-2	Florian Krammer et al	NIAID	Changed FCS; 2P, disulfide bonds	Vaccine				SARS-COV-2
5/18/2021	Scalable live-attenuated SARS-CoV-2 vaccine candidate demonstrates preclinical safety and efficacy (pnas.org)		NIAID	No FCS, LAV, codon de-optimized	Vaccine				SARS-COV-2
12/9/2021	A multiclade env-gag VLP mRNA vaccine elicits tier-2 HIV-1-neutralizing antibodies and reduces the risk of heterologous SHIV infection in ma	Anthony Fauci, John Mascola et al	VRC	No FCS, Multiclade/Conserved	Vaccine	HIV			
3/2/2022	A highly immunogenic live-attenuated vaccine candidate prevents SARS-CoV-2 infection and transmission in hamsters (cell.com)	Xiao-Feng Li et al	CHN	No FCS, LAV	Vaccine				SARS-COV-2

Why did A. Fauci/B. Graham/P. Dormitzer keep the FCS unchanged in January 2020, for a novel CoV jab?
Why haven't they kept the FCS for other prototypes since?

The answer is critically important…

Making the 2P substitutions in SARS-CoV-2 Spike protein

Soon after its identification in Wuhan in early January, the SARS-CoV-2 isolate sequences were released, and within 24 hours, Graham and colleagues had applied 2P substitutions to make a prefusion-stabilized SARS-CoV-2 S-2P protein.

The team then produced mRNA/LNP expressing SARS-CoV-2 S-2P as a transmembrane-anchored protein with the native furin cleavage site (mRNA-1273) and evaluated its effects in six-week-old mice.

In early January 2020, a novel CoV (nCoV) was identified as the cause of a respiratory virus outbreak occurring in Wuhan, China. Within 24 hours of the release of the SARS-CoV-2 isolate sequences (then known as "2019-nCoV") on January 10[th], the 2P mutations were substituted into S positions aa986 and 987 to produce prefusion-stabilized SARS-CoV-2 S (S-2P) protein for structural analysis[22] and serological assay development[23,24] *in silico* without additional experimental validation. Within 5 days of sequence release, current Good Manufacturing Practice (cGMP) production of mRNA/LNP expressing the SARS-CoV-2 S-2P as a transmembrane-anchored protein with the native furin cleavage site (mRNA-1273) was initiated in parallel with preclinical evaluation. Remarkably, this led to the start of a first in human Phase 1 clinical trial on March 16, 2020, 66 days after the viral sequence was released, and a Phase 2 began 74 days later on May 29, 2020 (**Extended Data Fig. 2**). Prior to vaccination of the first human subject, expression and antigenicity of the S-2P antigen delivered by mRNA was confirmed *in vitro* (**Extended Data Fig. 3**), and immunogenicity of mRNA-1273 was documented in several mouse strains. The results of those studies are detailed hereafter.
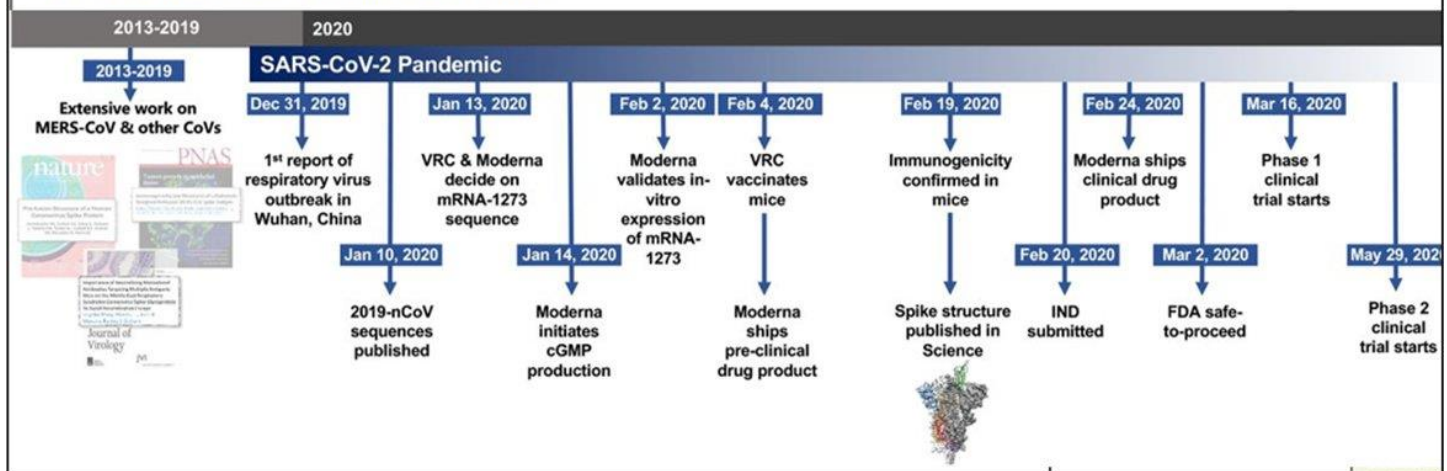
"His name appears everywhere as an author on numerous fraudulent trials. And he is consistently recruited by major media to give damning evidence against repurposed drugs like ivermectin and hydroxchloroquine. This is an example of a thoroughly corrupted scientist who is working in the service of Dr. Fauci, Dr. Collins and the pharmaceutical industry. This is brazen scientific misconduct."
-Pierre Kory, MD, MPA

Conflicts of Interest: ACTIV-6 Ivermectin Trial with Dr. Pierre Kory

VSRF **Vaccine Safety Research ...**
November 12, 2022
71 Views

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National Institutes Of Health ACTIV-6 Trial Studying Ivermectin

Research

JAMA | Original Investigation
Effect of Ivermectin vs Placebo on Time to Sustained Recovery in Outpatients With Mild to Moderate COVID-19
A Randomized Clinical Trial

Susanna Naggie, MD, MHS; David R. Boulware, MD, MPH; Christopher J. Lindsell, PhD; Thomas G. Stewart, PhD; Nina Gentile, MD; Sean Collins, MD, MSci; Matthew William McCarthy, MD; Dushyantha Jayaweera, MD; Mario Castro, MD, MPH; Mark Sulkowski, MD; Kathleen McTigue, MD, MPH, MS; Florence Thicklin; G. Michael Felker, MD, MHS; Adit A. Ginde, MD, MPH; Carolyn T. Bramante, MD, MPH; Alex J. Slandzicki, MD; Ahab Gabriel, MD; Nirav S. Shah, MD, MPH; Leslie A. Lenert, MD, MS; Sarah E. Dunsmore, PhD; Stacey J. Adam, PhD; Allison DeLong, BS; George Hanna, MD; April Remaly, BA; Rhonda Wilder, MS; Sybil Wilson, RN; Elizabeth Shenkman, PhD; Adrian F. Hernandez, MD, MHS; for the Accelerating COVID-19 Therapeutic Interventions and Vaccines (ACTIV-6) Study Group and Investigators
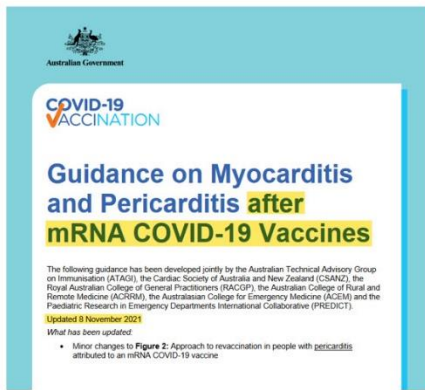
Pierre Kory, MD, MPA

Future dose considerations following suspected vaccine-related myocarditis/pericarditis

The decision to have future doses of COVID-19 vaccine following suspected vaccine-related myocarditis/pericarditis is made on a case-by-case basis. Individuals should defer revaccination until they have been **symptom-free for at least 6 weeks**.
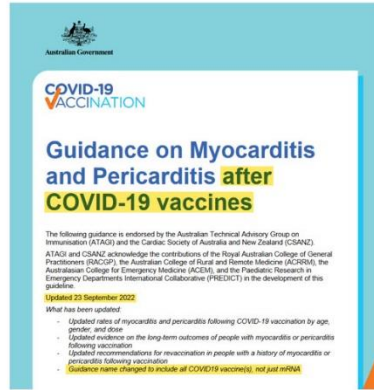
The following list of considerations may aid in the decision-making process:

- Those at risk of severe illness will benefit most from receiving all recommended doses of COVID-19 vaccine. These include:
  - People aged 65 years and older
  - People who are severely immunocompromised
  - People with a disability or complex medical conditions
  - Those with medical conditions at high risk of severe disease

health.gov.au/covid19-vaccines   9

- Each additional dose of vaccine provides a smaller increment of protection against severe disease. E.g. receiving dose 3 of a COVID-19 vaccine is likely to provide greater incremental benefit than receiving dose 4.
- People who experienced chest pain following an earlier dose of COVID-19 vaccine can consider revaccination with an mRNA vaccine if:
  - investigations were performed and were normal (i.e. ECG, troponin, echocardiogram, or chest x-ray).
  - they are 40 years of age or older and investigations were not performed or available.
  - These individuals do not always require referral to a cardiologist or specialist immunisation service prior to revaccination.
- The risk of myocarditis and pericarditis following AstraZeneca is lower than with the mRNA vaccines, though cases do rarely occur. The highest risk is in males aged 40 years and younger.
- Myocarditis and/or pericarditis can occur after Novavax. The small number of doses given globally prevents the calculation of a precise risk. Some cases of myocarditis and pericarditis have been reported in the clinical trial and the Australian surveillance system and have been assessed as likely vaccine-related.
- The rates of myocarditis and/or pericarditis following the non-mRNA vaccines in individuals who have had myocarditis/pericarditis following an mRNA vaccine are unknown.
- Individuals considering AstraZeneca or Novavax should consult the AstraZeneca vaccine information or Novavax vaccine information page to consider other risks and benefits of these vaccines.
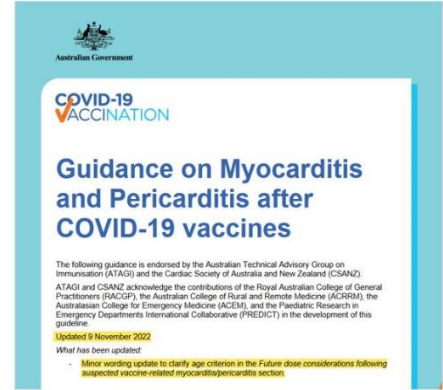
ABSENCE OF EVIDENCE IS NOT EVIDENCE OF ABSENCE

- Pericarditis and myocarditis after mRNA COVID-19 vaccines have been reported most commonly in males under 30 years of age, and most commonly after the second vaccine dose. Most myocarditis and pericarditis linked to mRNA vaccination has been mild and patients have recovered quickly. Longer-term follow-up is ongoing.

29th Oct 2021
As mentioned in the Guidance on Myocarditis and Pericarditis after mRNA COVID-19 Vaccines

mRNA vaccines
- A small increased risk of myocarditis and/or pericarditis has been observed in people following vaccination with an mRNA vaccine (i.e. Pfizer or Moderna) compared with unvaccinated people.
- The risk is higher with Moderna than with Pfizer.
- Pericarditis and myocarditis after COVID-19 vaccines have been mostly reported in males under 40 years of age, and mostly after the second dose. However, these conditions do occur in both females and males, at any age, and after any dose, including a third or fourth dose.
- The recommended interval of 8 weeks between dose one and dose two of an mRNA vaccine may reduce the risk of these conditions, compared with a shorter interval.

9th Nov 2022
Guidance on Myocarditis and Pericarditis after COVID-19 Vaccines

"*The TOGETHER Trial aims to identify effective repurposed therapies to prevent the disease progression of COVID-19.*"

Dr. Edward Mills & Dr. Gilmar Reis, Co-Principal Investigators, the TOGETHER Trial

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1	Soros Fund Management	$129,422,509	$2,459,796	$126,962,713	$129,422,509 (100
2	Uline Inc	$80,052,036	$3,171,021	$76,881,015	$3,653 (0
3	FTX.US	$70,099,115	$1,693,168	$68,405,947	$44,984,218 (69
4	Citadel LLC	$68,679,213	$1,604,213	$67,075,000	$58,312 (0
5	Susquehanna International Group	$48,385,335	$148,685	$48,236,650	$40,003 (0
6	Blackstone Group	$39,348,408	$4,728,338	$34,620,070	$2,358,500 (6
7	Newsweb Corp	$35,784,000	$3,674,000	$32,110,000	$35,784,000 (100
8	Oracle Corp	$33,148,183	$2,025,728	$31,122,455	$1,479,472 (4
9	Thiel Capital	$32,970,272	$220,022	$32,750,250	$0 (0

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Donates $ to Dem. Party, PACs & candidates
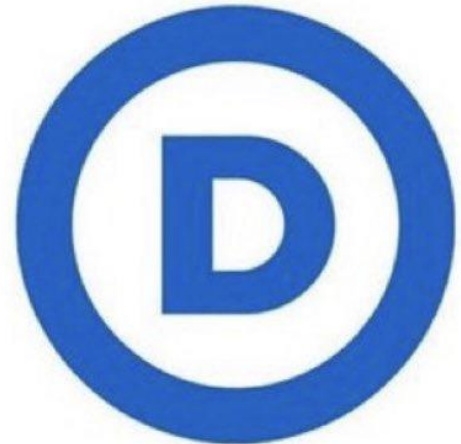
Backs Biden

Gives U.S. tax $ in form of military & humanitarian aid

Uses U.S. aid to partner with FTX

Viki Male
@VikiLovesFACS

So was rolling the vaccine out to 🤰 without trial data in that population okay?

They made an informed choice and safety was closely monitored, so I would say... yes.

But could we have done better?

Also yes! 6/

8:08 · 01 Sep 22 · Twitter for iPhone

NDC–49502-901-30
EACH UNIT DOSE PACKAGE IS NOT CHILD RESISTANT

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9 mg/24 h

Important: Do not eat certain foods. Read enclosed Medication Guide.

FOR TRANSDERMAL USE ONLY
Pharmacist: Dispense with enclosed Medication Guide.

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S044:93:30C:R10

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9mg/24h

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INSTRUCTIONS FOR APPLICATION
1. Select and prepare an appropriate site on the upper chest or back (below the neck and above the waist), the upper thigh, or the outer surface of the upper arm, as directed in the enclosed Medication Guide.
2. Bend both sides of the clear peelable liner. Peel off one strip only of the clear liner. Avoid touching the sticky side of the transdermal system.
3. Apply sticky side of the transdermal system to the chosen skin site. Remove remaining strip, gently roll remaining part onto skin, and press transdermal system firmly in place with the tips of your fingers.
   For more detailed instructions, read enclosed Medication Guide.

Upper Arm
Upper Chest
Upper Thigh
Upper Back
release liner
adhesive with medicine

1   2   3

Dosage: Apply one (1) transdermal system every 24 hours. Read enclosed Medication Guide.
Each transdermal system has a release rate of 9mg selegiline per 24 hour period. Wear only one transdermal system at a time.
Store at 20° to 25°C (68° to 77°F). [See USP Controlled Room Temperature.]

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The Public Good Projects, Inc.

In 2019, NYHealth awarded the Public Good Projects a grant to create a media surveillance system to help public health officials and health care providers combat misinformation about vaccines.

Project Title

Countering Health Disinformation in New York State

Grant Amount

$215,214

Priority Area

Special Projects Fund

Date Awarded

June 24, 2019

Region

NYC

The Rockefeller Foundation
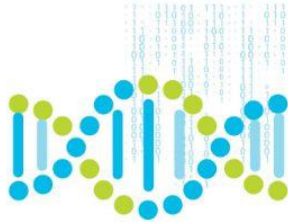

Google

unicef

Yale Institute for Global Health

Data Science

Life sciences is becoming data science, uncovering new possibilities and revolutionizing decision making.

Bionic Pharma

Automation forces us to rethink the role of the employee, where bots extend the capabilities of the workforce.

Gene & Cell Therapy

Gene and cell therapies are turning supply chain in customer care and disrupting the commercial pharma playbook.

Convergence of healthcare

The landscape is changing as payers, pharmacies, providers, pharma, med-tech and tech companies work towards de-siloing healthcare.

Digital Health

How can life sciences companies take ownership of the digital health race? How will pharma compete with med-tech and tech companies? How can med-tech engage the patient through technology?

Patient Centricity

The patient is more in charge of their journey than ever before – life sciences companies must create new ways to empower and engage patients directly.

Virtual Trials

How can clinical trials take on new models that include the optimal mix of onsite and virtual components?

Covid-19 Crisis

COVID-19 is transforming healthcare as we know it, accelerating the digital transformation of the pharma industry, and turning long-term planning upside down.

Viki Male
@VikiLovesFACS

Replying to @FmnKaren @Poppy_PTMY and 3 others

At the moment, my work is funded by two charities. One - Genesis - is interested in pregnancy in general. The other - Borne - specifically aims to prevent preterm birth. In the past, I've been funded by the Wellcome Trust (also a charity). I've never had any pharma funding.

3:43 PM · Oct 19, 2022 · Twitter Web App

- [Asymmetric Capital Partners](), founded by Rob Biederman, Co-founder, Chairman and former co-CEO of Catalant, a Boston-based marketplace of consultants
- [Village Global](), an early-stage fund backed by tech luminaries, including Jeff Bezos, Bill Gates and Reid Hoffman
- Anne Wojcicki, Co-founder and CEO of 23andMe
- [AirAngels](), an angel group founded by Airbnb alumnus and product expert Lenny Rachitsky
- Conrad Irwin, Co-founder and CTO of Superhuman
- Rachel Hepworth, Marketing Chief at Notion
- and others.

Jikky the mouse 🐭 @TheJikky · 7h

The coronavirus vaccines [conditionally] approved by the major drug regulators of the world prevent:

Infection	0%
Severe disease	1%
Death	1%
None of the above ⊘	98%

666 votes · 1 day 16 hours left

💬 12　　⟳ 75　　♡ 68　　↥

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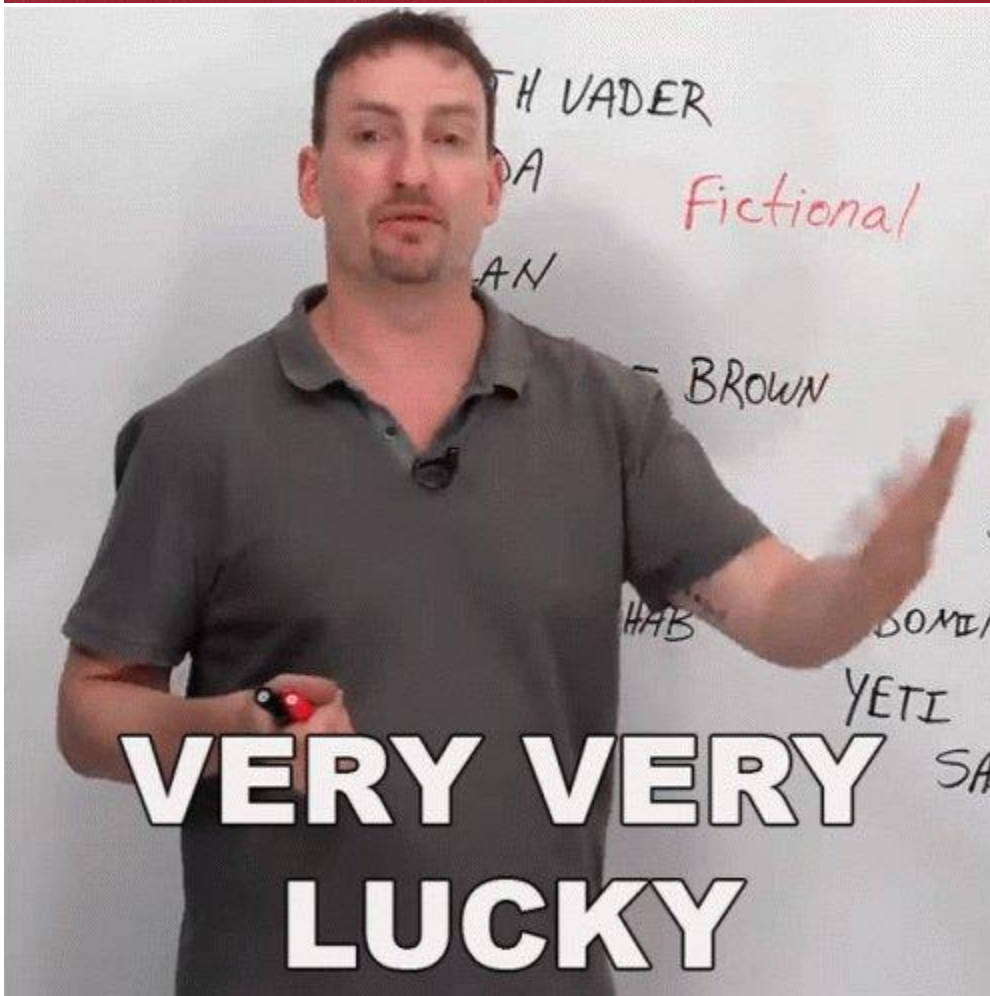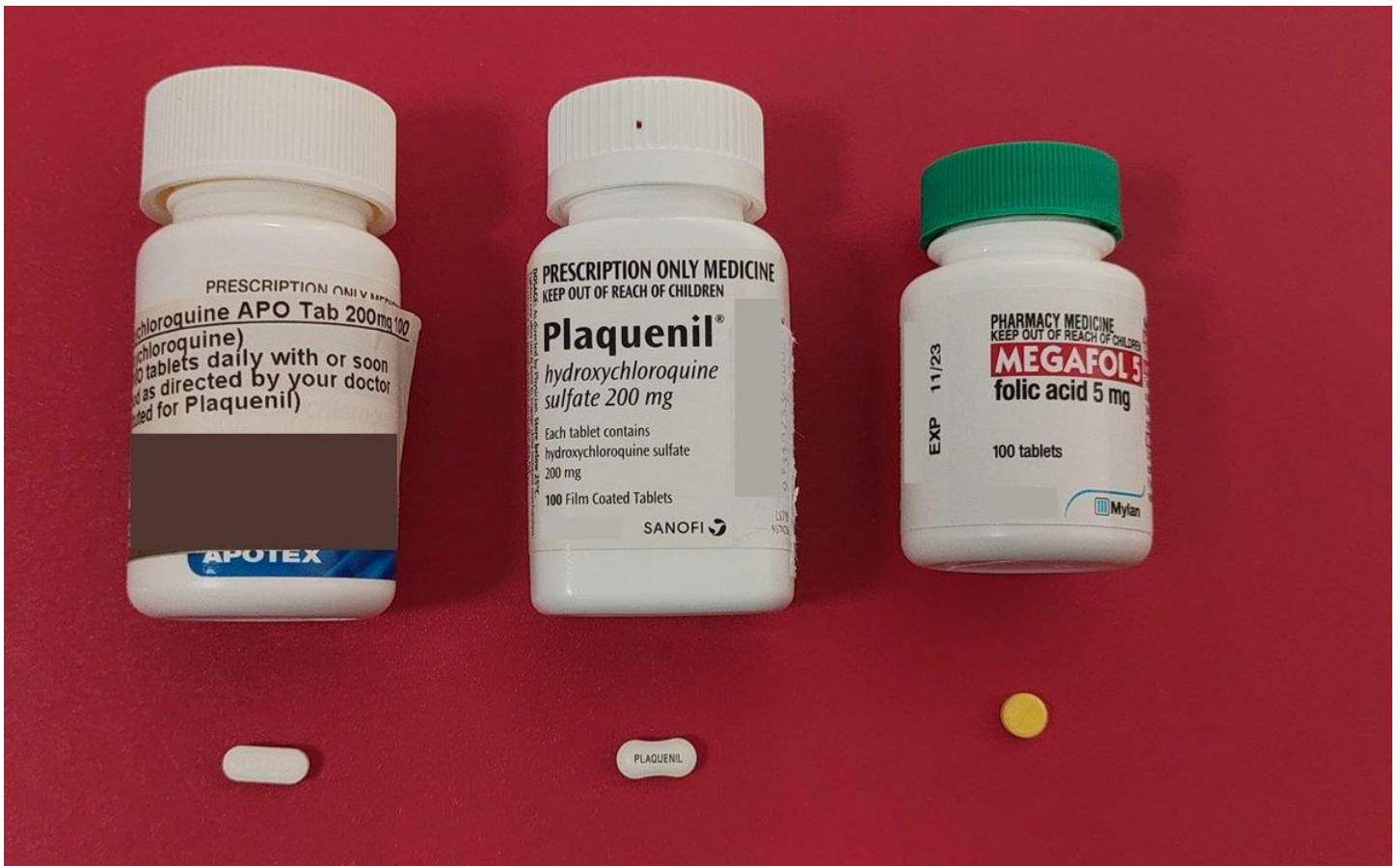
Just remember, it all started with a mouse.

— Walt Disney —

AZ QUOTES

patients in Brazil. The authors conducted a large-scale trial known as TOGETHER that looked at both ivermectin and the antidepressant fluvoxamine as possible treatments, and they concluded that ivermectin is not useful against the disease. According to the article, "Treatment with ivermectin did not result in a lower incidence of medical admission to a hospital due to progression of Covid-19 or of prolonged emergency department observation among outpatients with an early diagnosis of Covid-19." Reporting on the article, the *New York Times* quoted one infectious disease expert who had read the study, Dr. David Boulware of the University of Minnesota, stating, "There's really no sign of any benefit," while another, Dr. Paul Sax of Brigham and Women's Hospital in Boston, said, "At some point it will become a waste of resources to continue studying an unpromising approach."

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causes.[13][14]

∧ Early life and education

Bankman-Fried was born in 1992 on the campus of Stanford University into a family of academics. Born and raised to an upper-middle-class Jewish family in California, he is the son of Barbara Fried and Joseph Bankman, both professors at Stanford Law School. [2] His aunt Linda P. Fried is the current dean of Columbia University Mailman School of Public Health.[15] His brother, Gabe Bankman-Fried, is a former Wall Street trader[16] and the director of the non-profit Guarding Against Pandemics.[17][18][19] He attended Canada/USA Mathcamp, a summer program for mathematically talented high-school students.[2] He attended high school at Crystal Springs Uplands School in Hillsborough.[20]

From 2010 to 2014, Bankman-Fried attended the Massachusetts Institute of Technology.[2] There, he lived in a coeducational group house called Epsilon Theta.[2] In 2014, he graduated with a degree in physics and a minor in mathematics.[2][21][22]

∨ Career

Guarding Against Pandemics was created as an arm of the advocacy giving network of Sam Bankman-Fried, an American cryptocurrency billionaire who lives in Hong Kong. The organization was founded to support the $30 billion in funding for public health projects to prevent future pandemics in the $3.5 trillion budget reconciliation bill proposed by the Biden administration. The organization initially launched by announcing plans to spend at least $128,000 in advertisements pushing the proposal in the Washington, D.C., region. Sam Bankman-Fried hired his brother, former democratic congressional staffer Gabe Bankman-Fried, to run the organization. [3]

BMA

Fighting back: the struggle with anti-vaxxers

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Related images

Note the dates of delivery of vaccines and then the outbreak ::

FIJI
10/1/19: UNICEF delivered a total of 135,000 doses of measles vaccines with syringes and safety boxes to FIJI.

11/7/19: Fiji then declared a measles outbreak on November 7, 2019.

11/27/19: As of November 27th, there are now 14 confirmed cases of measles.

SAMOA
4/2019: MMR was officially relaunched by the Samoan government in April 2019, after being suspended in 2018 following the deaths of two babies within minutes of receiving MMR. Reportedly, it was a medical error that killed the children. Two nurses improperly prepared the vaccine by mixing it with an anesthetic solution. After the April relaunch, vaccine uptake was understandably low, as parents were

largely unwilling to subject their children to the risk of the same medical errors harming or killing their children.

10/1/19: UNICEF delivered a total of 115,500 doses of measles vaccines to SAMOA on October 1st, including syringes and safety boxes, as well as supplies of Vitamin A.

11/28/19: As of November 28, 2019 SAMOA has now confirmed 42 measles-related fatalities. Since the launch of the measles re-vaccination campaign in mid-November, the Samoan Ministry of Health has vaccinated more than 50,000 individuals in both Upolu and Savai'i. New Zealand responded to earlier requests from Samoa for medical supplies, and for pharmaceutical refrigerators which are essential to preserving the efficacy of vaccines.

Samoa's Director General Of Health, Leausa, Dr Take Naseri, said "We have to stop [administering improperly stored measles vaccines] for safety reasons and the fact that we have to do away with about 6000 doses because they were not stored in that specialised fridge where it has to maintain the temperature. So we have to maintain that standard."

TONGA
Early October: UNICEF delivered a total of 12,000 measles vaccines including syringes and safety boxes to TONGA. Plus additional 6 specially designed refrigerators and 3 emergency trolleys to the Tongian Ministry of Health, to ensure the vaccines remain stable...because thousands of the vaccines these children were receiving were not stored properly.

10/24/19 - Tonga: A measles outbreak was then declared in the Kingdom of Tonga on October 24, 2019. The outbreak of measles in Tonga began early October 2019. Tongan health authorities are to re-vaccinate up to 20,000 people against the

measles after it was discovered some historical vaccinations might not be effective. "Even though some children have two doses, they still contracted the measles."

12/2/19: As of this week, there were 394 cases of the disease with two people remaining hospitalized and 2 infant deaths.

"Rapid Identification of Measles Virus Vaccine Genotype by Real-Time PCR." Journal of Clinical Microbiology 55 (3): 735–43.

First published electronically in 2016 in the Journal of Clinical Microbiology, this paper was authored jointly by staff from the Canadian Public Health Agency and the US CDC reported that 38% (73 of 194) of the 194 cases of measles in the US in 2015 were caused by the vaccine strain of measles. (2015 outbreak of measles at Disneyland)

To: (10)(2e) , (10)(2e) , (10)(2e) ((10)(2e) (10)(2e))[(10)(2e) @minvws.nl]; (10)(2e) , (10)(2e) , (10)(2e) ((10)(2e))[(10)(2e) @minvws.nl]; (10)(2e) ((10)(2e))[(10)(2e) @minvws.nl]; (10)(2e))[(10)(2e) @minvws.nl]; (10)(2e) (10)(2e) @minvws.nl]; (10)(2e))[(10)(2e) @minvws.nl]; (10)(2e) ((10)(2e))[(10)(2e) @minvws.nl]; (10)(2e) (10)(2e))[(10)(2e) @minvws.nl]; (10)(2e) [(10)(2e) ((10)(2e))[(10)(2e) @minvws.nl]; (10)(2e) (10)(2e))[(10)(2e) @minvws.nl]; (10)(2e) , (10)(2e) [(10)(2e) @minvws.nl]; (10)(2e) , (10)(2e) ((10)(2e))[(10)(2e) @minvws.nl]; (10)(2e) [(10)(2e)]; (10)(2e) ((10)(2e) (10)(2e) @minvws.nl]; (10)(2e) (10)(2e) ((10)(2e))[(10)(2e) @minvws.nl]

From: (10)(2e) , (0)(2)

Sent: Tue 4/21/2020 7:33:11 AM

Subject: NVIC adviseert wijziging sedatie IC COVID-19 patiënten: kan invloed hebben op LCG beeld

Received: Tue 4/21/2020 7:33:12 AM

Hallo allen,

Volgens de NVIC zouden patiënten momenteel overgesedeerd worden door gebruik van te veel of te zware (ouderwetse) slaapmiddelen (midazolam en morfine), die ook nog eens langer in het systeem blijven door overgewicht en verminderde nierfunctie. Met een andere benadering, waarbij de patiënt iedere dag wordt wakker gemaakt en kortdurende sedatie toegediend krijgt, zou de IC ligduur per patiënt van gemiddeld 21 naar 18-19 dagen gebracht kunnen worden. Dit betekent ook dat er dan overgestapt wordt naar korter werkende middelen, waarvan het NVIC zegt dat er nu een tekort aan is. Zie:
https://nos.nl/artikel/2331131-ligduur-coronapatient-kan-korter-door-lichtere-slaapmiddelen.html

Misschien iets voor het LCG om rekening mee te houden met verdere berekeningen van "het beeld" (scenario-analyse) wat er gebeurt als het behandelplan inderdaad (geleidelijk) aangepast zou worden? Dit zou betekenen:
- Kortere ligduur per IC bed, dus mogelijk minder medicatie per IC behandeling
- Sneller vrijkomen van IC bedden
- Verschuiving in gebruik type slaapmiddelen

Moeten we wel een idee hebben of het NVIC advies opvolging gaat krijgen en zo ja, hoe snel en op welke schaal…

Groeten, (10)(2e)

239822

To: (10)(2e) , , [(10)(2e) @minvws.nl]; , (10)(2e) , (10)(2e) , ((10)(2e)); (10)(2e) @minvws.nl]; (10)(2e) , (10)(2e) @minvws.nl (10)(2e) (10)(2e) @minvws.nl]
Cc: (10)(2e) , (10)(2e) , (10)(2e) @minvws.nl , (10)(2e) , (10)(2e) (10)(2e) @minvws.nl]
From: (10)(2e) ,
Sent: Mon 4/20/2020 7:26:11 AM
Subject: RE: Kamerbrief 21 april LZ eventuele passage palliatieve zorg
Received: Mon 4/20/2020 7:26:12 AM

Dank (10)(2e)

Prima om de update in de volgende brief te doen, maar wel goed om voor het debat deze week een aantal Q&A's te maken van zaken die nu spelen. Debat zal gaan over de App en verpleeghuizen.

Van: (10)(2e) , < (10)(2e) @minvws.nl>
Verzonden: maandag 20 april 2020 09:22
Aan: (10)(2e) , < (10)(2e) @minvws.nl>; , (10)(2e) , ((10)(2e)); (10)(2e) @minvws.nl>; (10)(2e)
< (10)(2e) @minvws.nl>; (10)(2e) < (10)(2e) @minvws.nl>
CC: (10)(2e) (10)(2e) (10)(2e) < (10)(2e) @minvws.nl>; (10)(2e)) < (10)(2e) @minvws.nl>; (10)(2e)
(10)(2e) ((10)(2e)) < (10)(2e) @minvws.nl>; (10)(2e) < (10)(2e) @minvws.nl>
Onderwerp: Kamerbrief 21 april LZ eventuele passage palliatieve zorg

Hoi allen,

Voor palliatieve zorg heb ik geen updates ontvangen van de branches. Wel zag ik het volgende bericht bij het IGJ/zorglandschaps:

Meer uitgifte van medicatie voor palliatieve zorg in de eerste lijn (ELZO en FP)
Signalen:
De KNMP geeft aan dat de uitgifte van medicijnen voor palliatieve zorg in de eerstelijns zorg sterk verhoogd zijn. De uitgifte van midazolam is 50% hoger dan normaal en van morfine 20% hoger dan normaal Ook is de uitgifte van andere morfinepreparaten verhoogd.
Acties:
IGJ plaatst hierover een persbericht op de website.

Wat mij betreft hoeft dat niet in de brief tenzij jullie het willen gebruiken voor de passage (vandaag in het nieuws) dat minder ouderen de IC op willen/gaan. Logisch dat er dan meer medicijnen thuis worden ingezet.

Op https://www.vptz.nl/actueel/nieuws/gevolgen-coronavirus-op-aanbod-vrijwilligers-palliatieve-terminale-zorg/ staat de situatie van de hospices. Er is op zich niet heel veel veranderd tov vorige week.
4 bijna thuis huizen zijn ingericht voor Corona patienten.

Het debat zal waarschijnlijk toch meer over apps en versoepeling gaan dus misschien is het wel beter om volgende week weer eens update te geven over de palliatieve zorg. Dan zal ik de organisaties ook vragen om eind deze week statusupdate te geven. Is dat een idee?

Groetjes
(10)(2e)

Van: (10)(2e) , < (10)(2e) @minvws.nl>
Verzonden: vrijdag 17 april 2020 14:12
Aan: _GroepDLZCovid19 < (10)(2e) @minvws.nl>; (10)(2e) , (10)(2e) , ((10)(2e))
< (10)(2e) @minvws.nl>; (10)(2e) < (10)(2e) @minvws.nl>
Onderwerp: Kamerbrief 21 april LZ + taakverdeling
Urgentie: Hoog

Collega's,

Hierbij de inhoudsopgave van de brief. De deadline voor ons **is 11.30 uur de deadline**. De stukken moeten maandag om 15 uur bij DGLZ afgestemd aangeleverd worden.

medicatie. Het LCG heeft een aantal ziekenhuizen geholpen bij het vergroten van hun voorraden.

Daarnaast heeft de IGJ afgelopen week, na een nauwkeurige evaluatie samen met het CBG, tijdelijk toestemming gegeven voor het gebruik van een veterinair sedatiemiddel voor patiënten op de IC. Het middel heeft dezelfde werkzame stof als het middel dat voor mensen wordt gebruikt (propofol). De veiligheid en kwaliteit zijn gegarandeerd. Hiermee is het, indien nodig, een aanvulling op de huidige voorraden. Deze toestemming geldt niet voor andere propofol-bevattende veterinaire geneesmiddelen, hiermee blijven er voldoende geneesmiddelen over voor veterinair gebruik.

De geneesmiddelen die worden gebruikt voor de patiënten met COVID-19 op de IC worden ook gebruikt voor andere patiënten. Het betreft bijvoorbeeld anesthesie in de ziekenhuizen voor niet-COVID-19 patiënten, maar ook bijvoorbeeld palliatief gebruik in de thuissituatie. Het is van belang dat er ook voor deze patiënten voldoende geneesmiddelen beschikbaar blijven. Ik heb hier aandacht voor en betrek hierbij de LCG, de landelijke Huisartsen Vereniging (LHV) en de KNMP.

Overige geneesmiddelen en maatregelen
Zoals ik in mijn brief van 31 maart jl. beschreven heb, heb ik ook oog voor de bredere geneesmiddelenvoorziening. Het Meldpunt geneesmiddelentekorten en -defecten (Meldpunt) bij het CBG en de IGJ houdt naast de medicatie voor patiënten met COVID-19 ook de beschikbaarheid van de overige geneesmiddelen goed in de gaten. Het CBG zal deze week de jaarrapportage van het Meldpunt over 2019 publiceren op zijn website.

Er is specifiek aandacht voor de internationale marktonwikkelingen, zoals de situatie in India en China en het effect van deze ontwikkelingen op onze geneesmiddelenvoorziening. De situatie in India is zorgelijk, er is sprake van verschillende (tijdelijke) exportverboden en transportproblemen. De focus ligt nu op de continuïteit van de aanvoer. Hierover is doorlopend overleg met betrokken leveranciers en er vindt overleg plaats op diplomatiek niveau. Hierbij werkt de minister voor MZS ook nauw samen met de Europese partners, waaronder de Europese Commissie. Ik blijf u op de hoogte houden van de actuele ontwikkelingen.

In mijn brief van 31 maart jl. heb ik u geïnformeerd over de maatregelen die (preventief) genomen kunnen worden om tekorten te voorkomen. De minister voor MZS voert hierover onder andere wekelijks gesprekken met de leden van het Coronaberaad Beschikbaarheid Geneesmiddelen. We vinden het belangrijk om met partijen steeds te blijven afwegen welke maatregelen op welk moment passend en effectief zijn. Ik blijf u informeren over de maatregelen die de minister voor Medische Zorg en Sport in dit kader inventariseert en neemt om tekorten te voorkomen.

In het kader van het borgen van de brede geneesmiddelenvoorziening, heeft de IGJ, zoals toegezegd in de brief van 31 maart jl., op 3 april gepubliceerd dat apothekers onder voorwaarden tijdelijk hun voorraden aan geneesmiddelen onderling mogen uitwisselen om zo eventuele tekorten op te lossen. Het onderling uitwisselen van geneesmiddelen is in Nederland verboden. De IGJ zal hier in ieder geval tot 1 juli 2020 niet op handhaven. Dit is niet beperkt tot een specifiek geneesmiddel of geneesmiddelengroep, waardoor het breed inzetbaar is. De IGJ heeft in dit kader ook onderzocht wat de voorraden zijn die op dit moment bij privéklinieken liggen en of deze voorraden hierbij betrokken kunnen worden. Zij concluderen dat het om te kleine voorraden gaat die te ver verspreid door het land liggen. De IGJ zal hier daarom geen vervolg aan geven.

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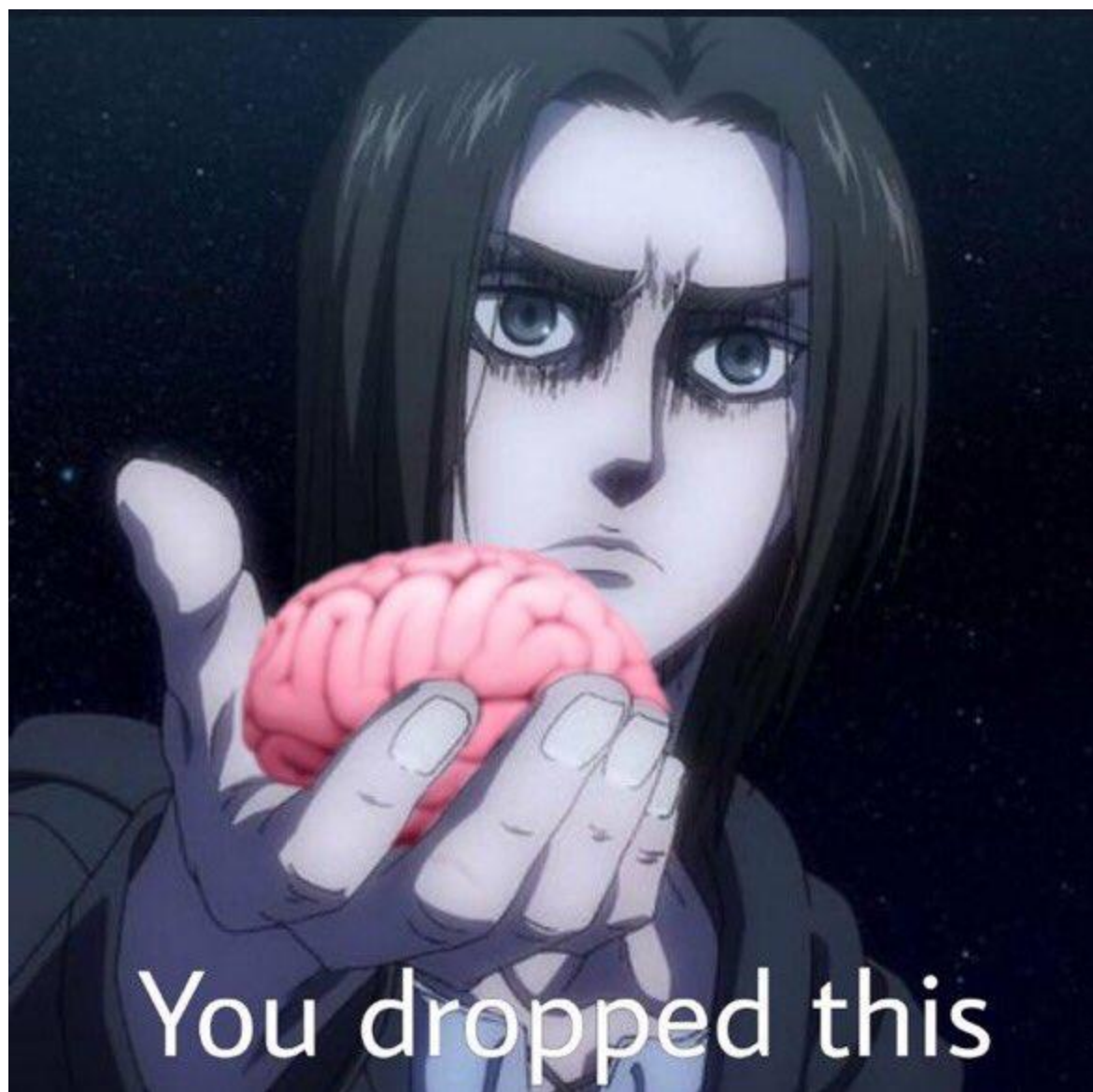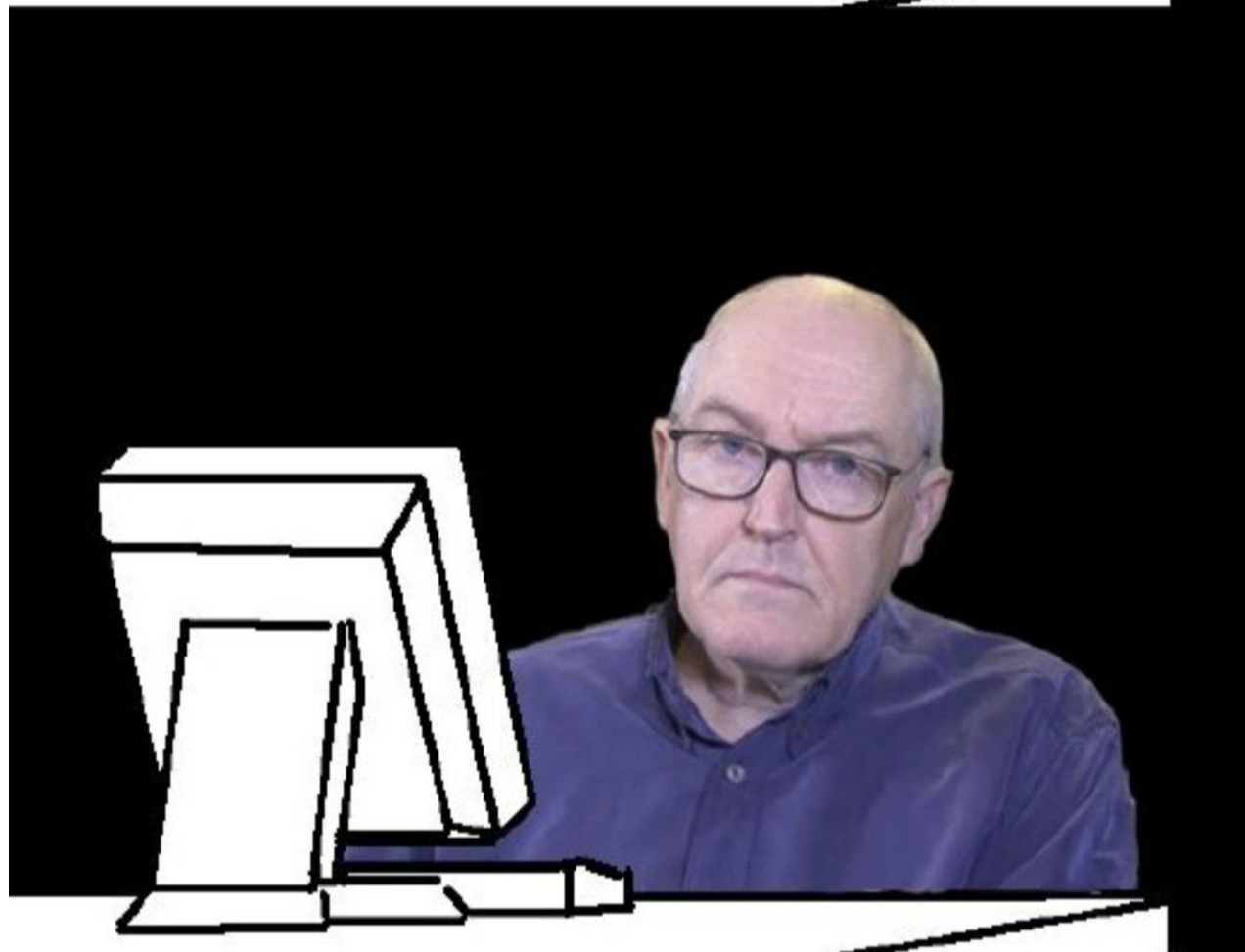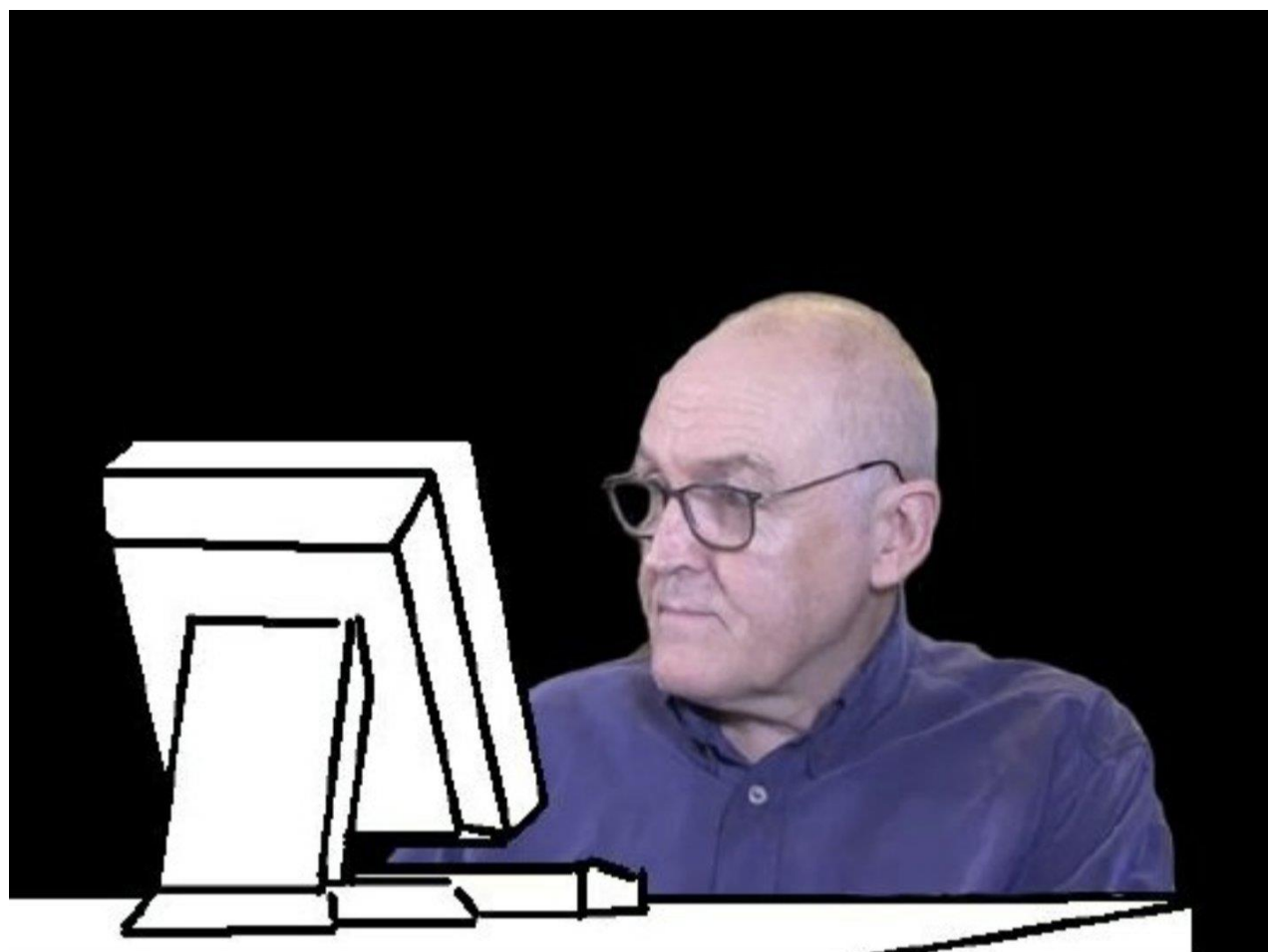
עדכון מצב:

מספר הנערים

שנפטרו

מדום לב

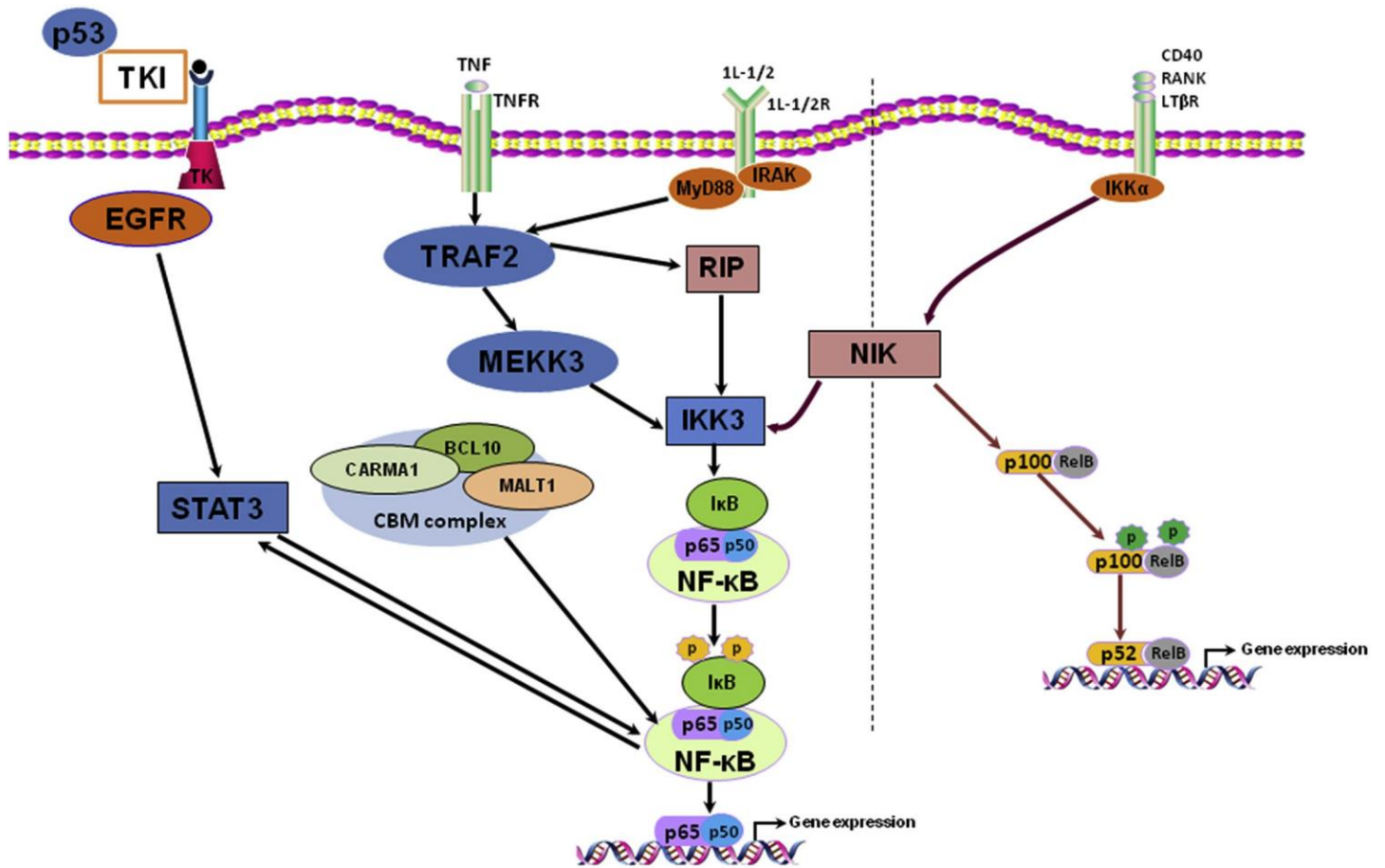ב 72 השעות האחרונות

עלה ל 5

Experimental Design.
The SARS Uganda PDF-2386 S glycoprotein gene will be purchased from commercial vendors with two small adaptive cassettes, which allow for rapid insertion of the SCH014 or mouse adapted residues into the PDF-2386 S gene.
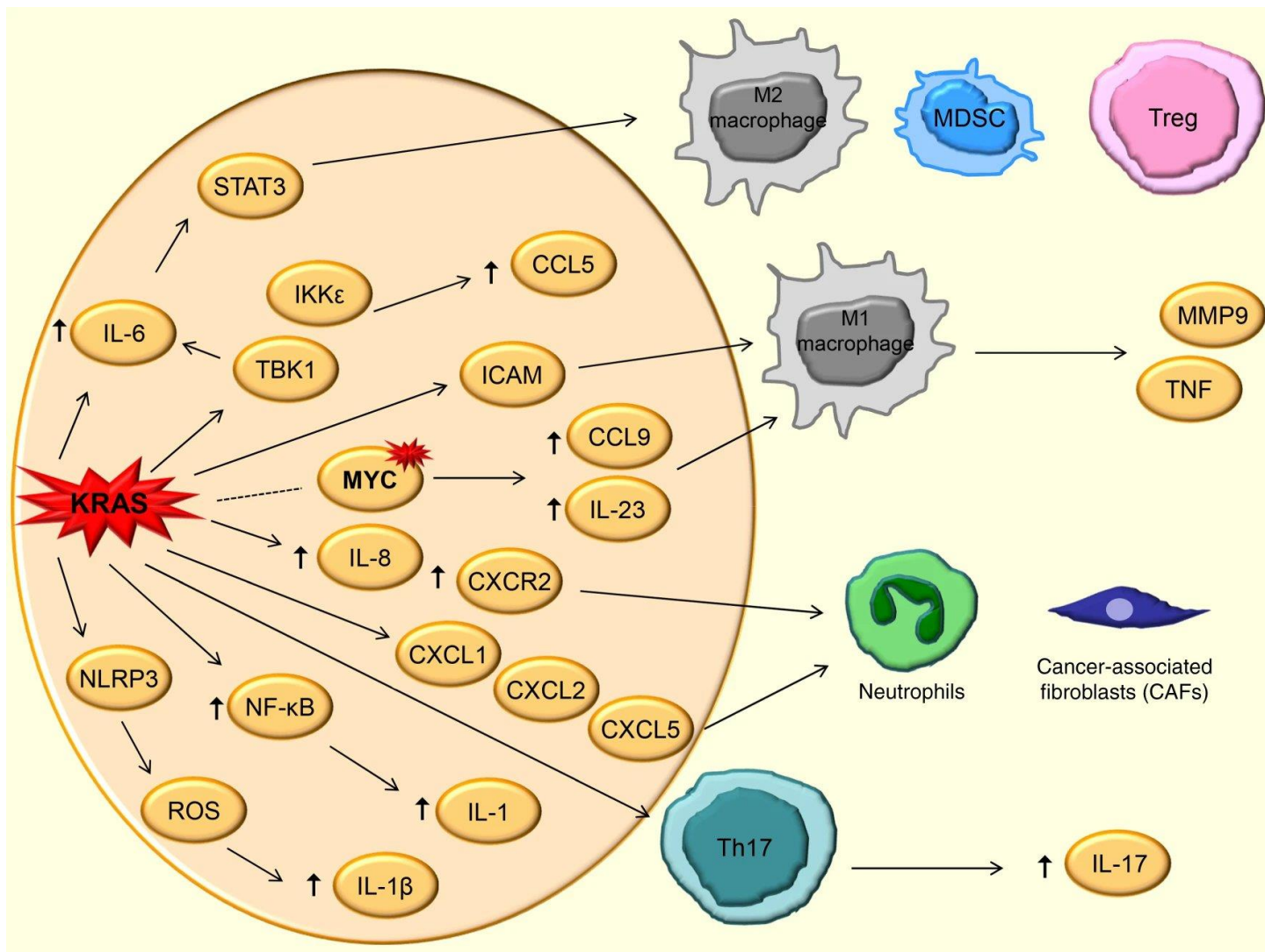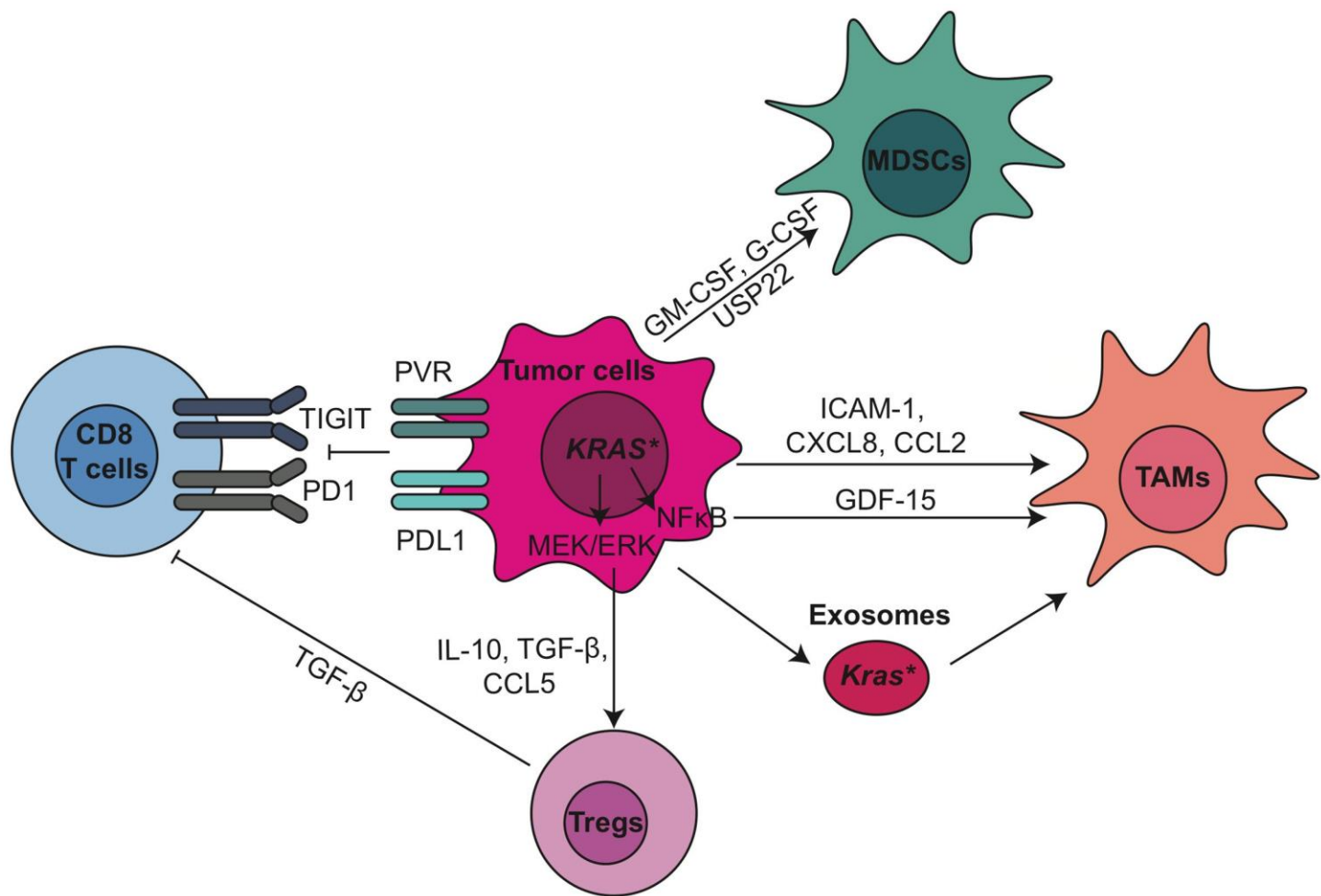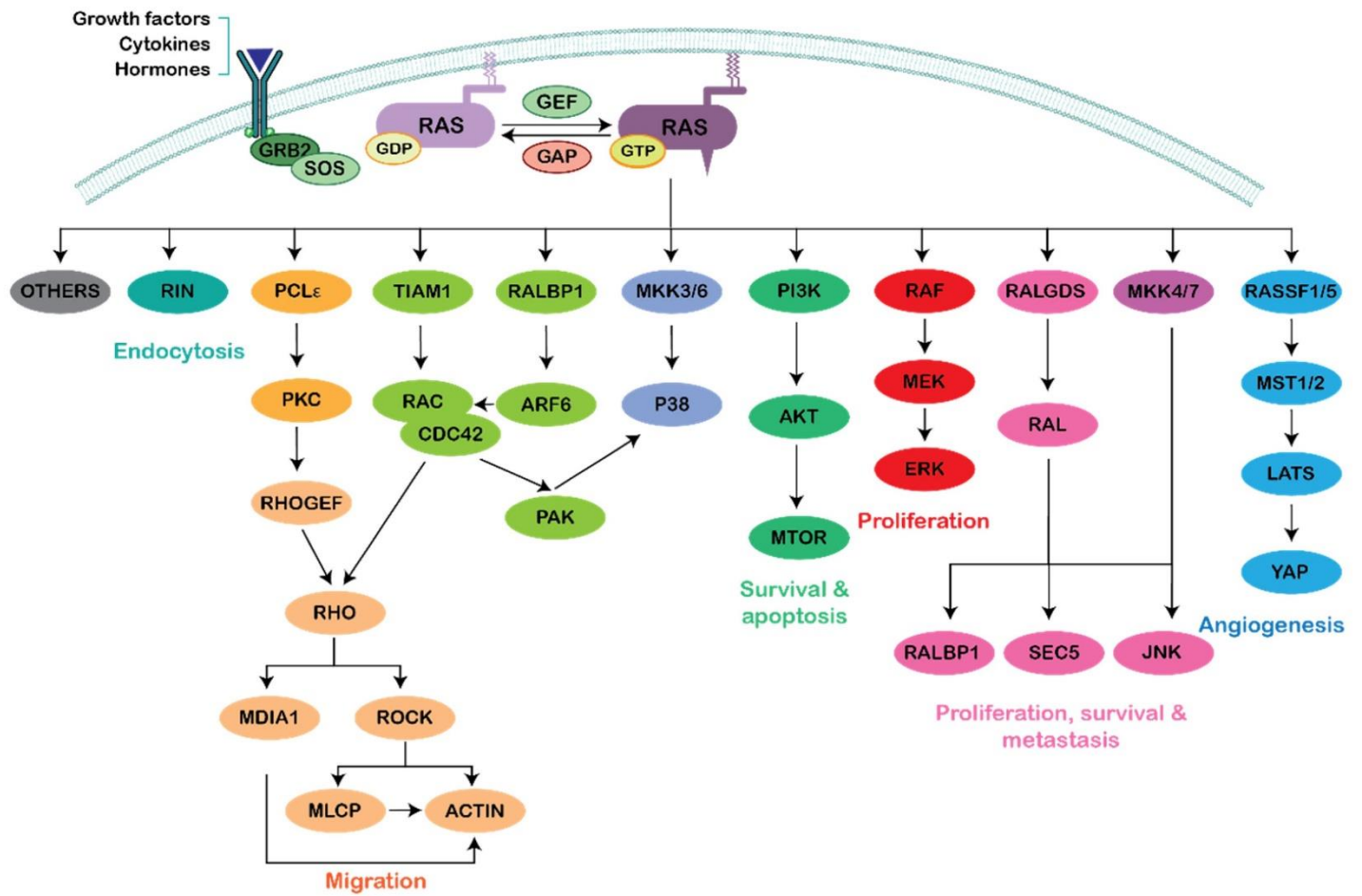
Rozalia Spadafora
Age 5, Myocarditis, Cardiac
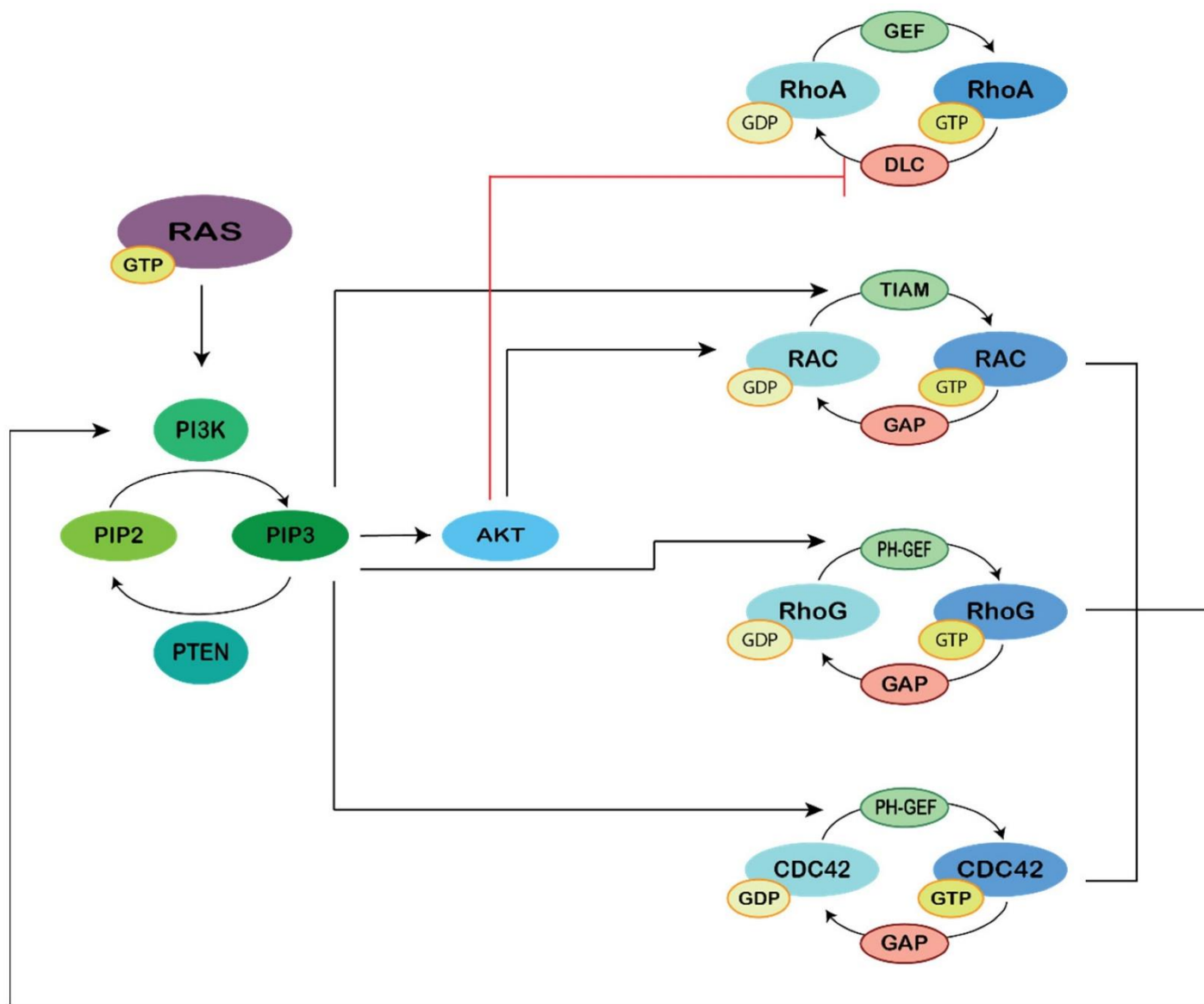Arrest, Died July 5th 2022.
Canberra, Australia

#Myocarditis

DEFENSE ADVANCED RESEARCH PROJECTS AGENCY
675 NORTH RANDOLPH STREET
ARLINGTON, VA 22203-2114

13 Aug 21

From: COMMANDANT OF THE MARINE CORPS FELLOW, DARPA
To: INSPECTOR GENERAL

Subj: SARS-CoV-2 ORIGINS INVESTIGATION WITH US GOVERNMENT PROGRAM
      UNDISCLOSED DOCUMENT ANALYSIS

Ref:(1) Executive Slide HR00118Soo17 EcoHealth Alliance DEFUSE
    (2) HR00118S0017-PREEMPT-FP-019-PM Summary (Selectable - Not
        Recommended)
    (3) PREEMPT Volume 1 no ESS HR00118S0017 EcoHealth Alliance DEFUSE
    (4) PREEMPT Volume 2 EHA Final HR00118S0017 EcoHealth Alliance
        DEFUSE
    (5) SF424_2_0-V2.0 HR00118S0017 EcoHealth Alliance DEFUSE
    (6) WIV Budget packet HR001118S0017 EcoHealth Alliance DEFUSE
    (7) WS00094394-RR_KeyPersonExpanded_2_0-V2.0 HR001118S0017
        EcoHealth Alliance DEFUSE
    (8) WS00094394-RR_PersonalData_1_2-V1.2 HR001118S0017 EcoHealth
        Alliance DEFUSE

1. SARS-CoV-2 is an American-created recombinant bat vaccine, or its
precursor virus. It was created by an EcoHealth Alliance program at the
Wuhan Institute of Virology (WIV), as suggested by the reporting
surrounding the lab leak hypothesis. The details of this program have
been concealed since the pandemic began. These details can be found in
the EcoHealth Alliance proposal response to the DARPA[i] PREEMPT[ii] program
Broad Agency Announcement (BAA) HR00118S0017, dated March 2018[iii] - a
document not yet publicly disclosed.

The contents of the proposed program are extremely detailed. Peter Daszak
lays out step-by-step what the organization intends to do by phase and
by location. The primary scientists involved, their roles, and their
institutions are indicated. The funding plan for the WIV work is its own
document. The reasons why nonpharmaceutical interventions like masks and
medical countermeasures like the mRNA vaccines do not work well can be
extrapolated from the details. The reasons why the early treatment
protocols work as curatives are apparent.

SARS-CoV-2's form as it emerged is likely as a precursor, deliberately
virulent, humanized recombinant SARSr-CoV that was to be reverse
engineered into a live attenuated SARSr-Cov bat vaccine. Its nature can
be determined from analysis of its genome with the context provided by
the EcoHealth Alliance proposal. Joining this analysis with US
intelligence collections on Wuhan will aid this determination.

Science   Health

COVID-19 cure: Scientists plan to develop 'self-spreading' coronavirus vaccine

A⁻ A⁺

Coronavirus cure: Scientists plan bizarre 'self-spreading vaccine' to fight pandemic

SCIENTISTS believe bizarre self-spreading vaccines would be a vital tool in fighting coronavirus.

By BRIAN MCGLEENON
16:03, Sat, Sep 26, 2020 | UPDATED: 16:32, Sat, Sep 26, 2020

❯

0

Bulletin
of the
Atomic
Scientists
75 years
and counting

GIVING   ≡

Scientists are working on vaccines that spread like a disease. What could possibly go wrong?

By Filippa Lentzos, Guy Reeves | September 18, 2020

Vaccines of the future could be as contagious as viruses

It's time to go viral.

BY KATE BAGGALEY JUNE 05, 2017

SCIENCE
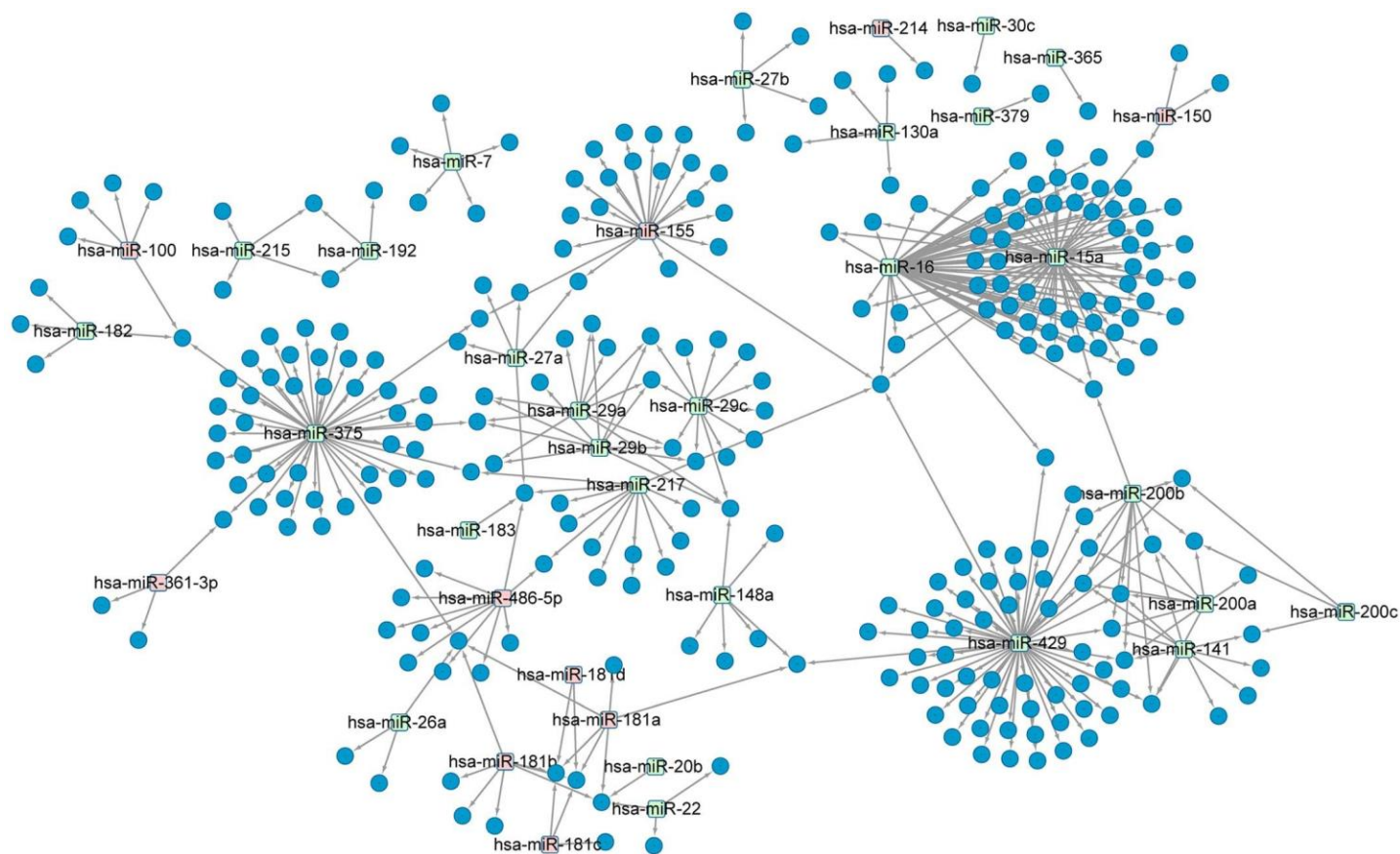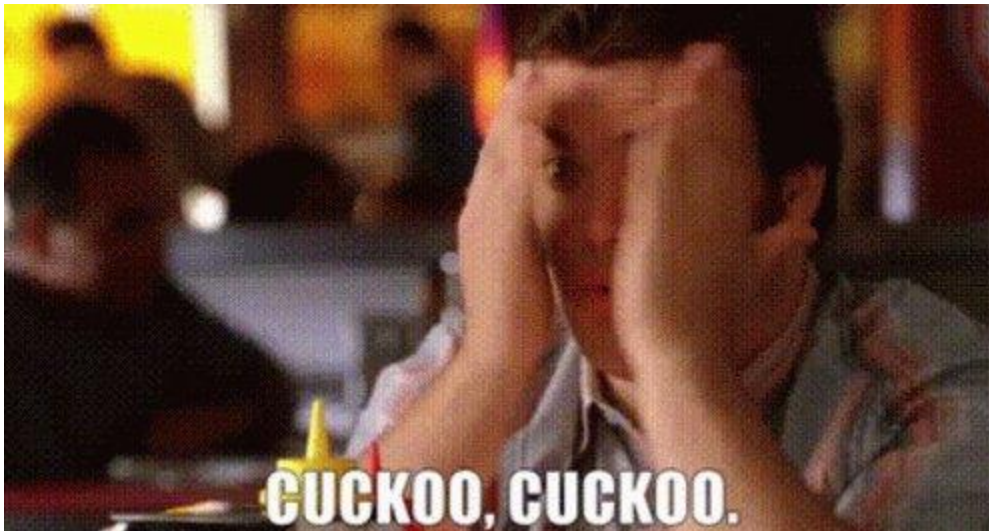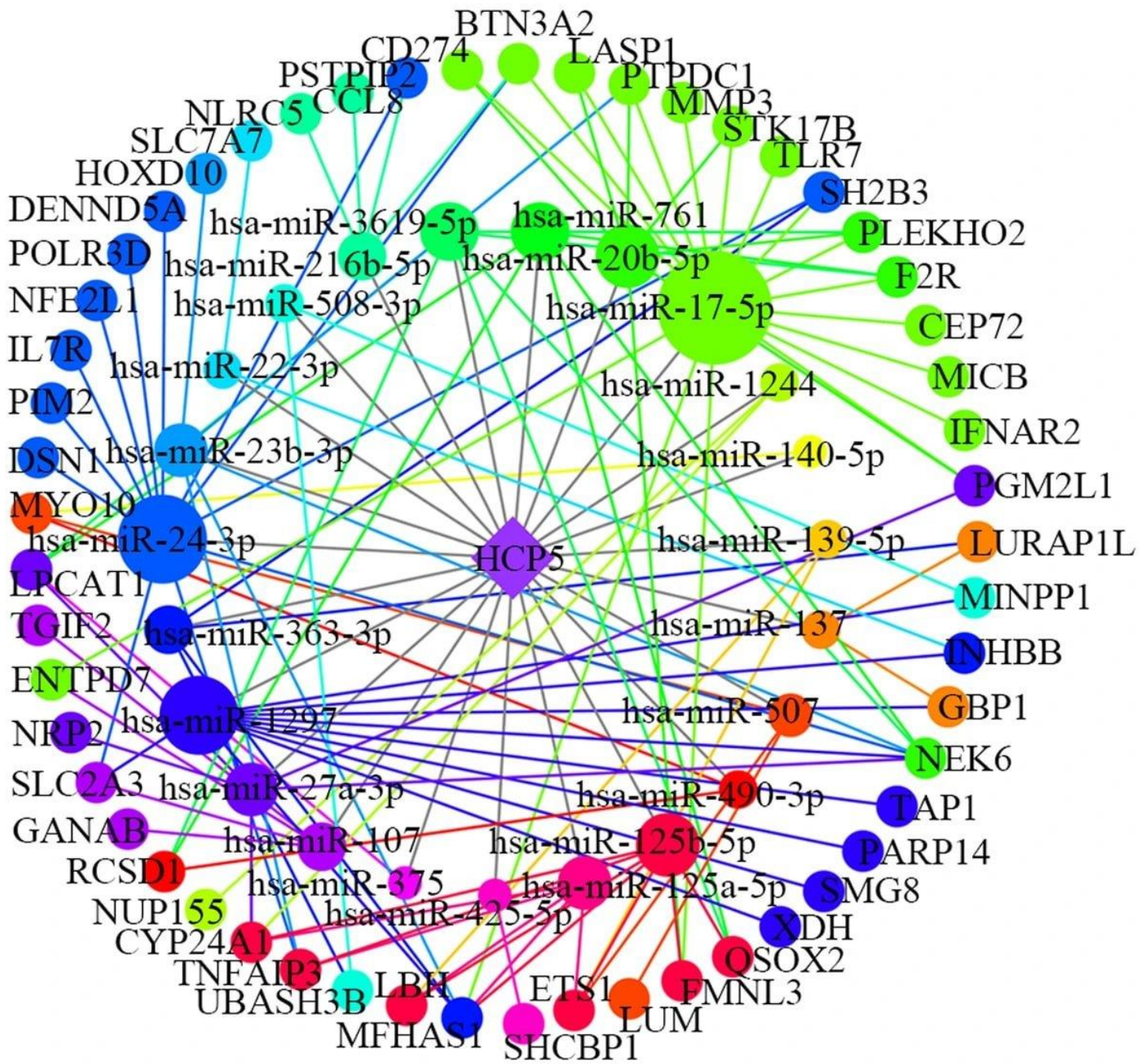
Replying to @Bivek__ and @VicGovDH

Dear Bivek. Really sorry to hear this. There are no pandemic orders that require you to shave or cut your beard to wear a mask. You must meet OH&S requirements but religious exemptions also apply. Please see website in my CHO account and email as needed.

Hype Cycle for Digital Government Services, 2022

Expectations (y-axis) vs **Time** (x-axis)

Phases along the curve:
- **Innovation Trigger**
- **Peak of Inflated Expectations**
- **Trough of Disillusionment**
- **Slope of Enlightenment**
- **Plateau of Productivity**

Labeled items:

Innovation Trigger:
- Influence Engineering
- Metaverse
- Business Ecosystem Modeling
- Machine Customers
- Immersive Meetings
- Superapps
- Digital Twin of a Citizen
- Generative AI
- Responsible AI
- Identity Wallets

Peak of Inflated Expectations:
- Customer Journey Analytics
- Multiexperience

Trough of Disillusionment:
- Natural Language Technologies
- Prescriptive Analytics
- Consent and Preference Management
- Digital Ethics
- Personification
- Intelligent Document Processing
- Privacy by Design
- Inclusive Design
- Virtual Assistants
- API Marketplaces
- Predictive Analytics in Government

Slope of Enlightenment:
- LCAP in Government
- Computer Vision
- Chatbots
- DCIP in Government
- Neural Machine Translation
- Semantic Search
- Machine Learning
- DXP

Plateau of Productivity:
- Gamification

Plateau will be reached:
- ○ less than 2 years
- ● (blue) 2 to 5 years
- ● (dark) 5 to 10 years
- ▲ More than 10 years
- ⊗ Obsolete before plateau

As of July 2022

FOX NEWS

REP JAMES COMER (R-KY) | OVERSIGHT COMMITTEE RANKING MEMBER

REP COMER: HUNTER LINKED TO INTL HUMAN TRAFFICKING

HOUSE
MAJORITY: 218
DEMOCRATS 211
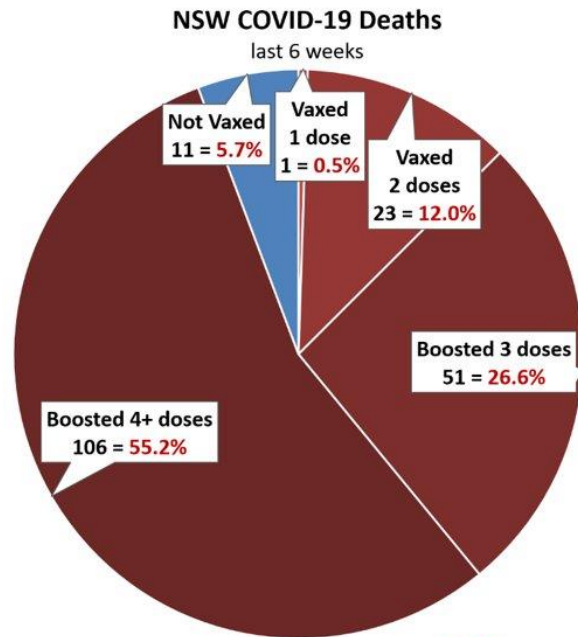REPUBLICANS 218

Pandemic of the Vaccinated?

In NSW Australia, 94% of recent COVID Deaths were Vaccinated, and a whopping 55% were Boosted with 4-5 doses

Death Rates by Unique Groups
(person can **only** belong to **1 group**)

Pop. Size	Vax Status		Death Rate
2.0%	**Vaxed** with **1 dose** only	≈	0.5%
30.2%	**Vaxed** with **2 doses** only	▼	12.0%
34.5%	**Boosted** with **3 doses** only	▼	26.6%
19.4%	**Boosted** with **4-5 doses**	▲	55.2%
13.9%	**Not Vaxed**	▼	5.7%
100.0%	Total		100.0%

Death Rates by Cumulative Groups
(person can belong to **1 or more groups**)

Pop. Size	Vax Status		Death Rate
86.1%	**Vaxed 1 or more** doses	▲	94.3%
84.1%	**Vaxed 2 or more** doses	▲	93.8%
53.9%	**Boosted 3 or more** doses	▲	81.8%
19.4%	**Boosted 4-5** doses	▲	55.2%
13.9%	**Not Vaxed**	▼	5.7%

NSW COVID-19 Deaths
last 6 weeks

Not Vaxed 11 = 5.7%
Vaxed 1 dose 1 = 0.5%
Vaxed 2 doses 23 = 12.0%
Boosted 3 doses 51 = 26.6%
Boosted 4+ doses 106 = 55.2%

Total Vaxed 94.3% , Total Boosted 81.8%
Based on **NSW Health** data for state of NSW (pop. 8.2M)

➤ **94%** of COVID deaths were **Vaccinated** with **1+ doses**
➤ **82%** of COVID deaths were **Boosted** with **3+ doses**
4-5 dose Boosted = **19%** of pop. but ➤ a **whopping 55%** of deaths

NSW COVID-19 Deaths (last 6 weeks to 5 Nov 2022)

Week Ending	Vaccinated					Not Vaxed	Total
	1 Dose	2 Doses	3 Doses	4+ Doses	Total Vaxed		
01-Oct-22		6	23	39	68	4	72
08-Oct-22	1	4	7	20	32	2	34
15-Oct-22		4	5	16	25	2	27
22-Oct-22		2	6	12	20	2	22
29-Oct-22		4	3	8	15		15
05-Nov-22		3	7	11	21	1	22
Total:	1	23	51	106	181	11	192
%:	0.5%	12.0%	26.6%	55.2%	94.3%	5.7%	100%

Note: Excludes deaths with *"unknown"* vax status

Vaccination levels by dose and jurisdiction

Showing the percentage of the total estimated resident population (aged 0+) for each jurisdiction. Last updated 9 October 2022.

Jurisdiction	One dose	Two doses	Three doses	Four doses
AUS	86.29	84.02	55.27	19.02
NSW	86.1	84.11	53.87	19.41
VIC	87.55	85.42	57.68	18.5
QLD	80.96	78.72	47.01	17.88
WA	84.86	82.44	62.48	18.09
SA	84.16	81.65	56.6	21.32
TAS	86.46	84.1	56.92	23.19
ACT	89.08	87.09	61.79	22.77
NT	77.89	74.47	53.38	10.1

Guardian graphic | Source: CovidLive.com.au, Australian Bureau of Statistics, Guardian Australia

Verify the data at the official **NSW Govt** website: (download 6 weekly reports from 1 Oct to 5 Nov, see page 4)
https://www.health.nsw.gov.au/Infectious/covid-19/Pages/weekly-reports.aspx
https://tinyurl.com/mpzwdz4m (Vax Rates via The Guardian, as at 9 Oct 2022)

Version 3 as at 5 Nov 2022

If the vaccines work, why aren't they working?

GETTING FASTER: Launching the West Witton Community Broadband service are David Burns from I Love Broadband, Rishi Sunak MP, Dr Graham Bottley of West Witton parish council, Harry Panther of Airwave and Fernando Paquete from BDUK.

What measures are being taken to ensure the safe and effective use of Spikevax bivalent Original/Omicron?

As for all newly-authorised medicines, a Risk Management Plan (RMP) has been developed for Spikevax bivalent Original/Omicron. The RMP details the important risks of Spikevax bivalent Original/Omicron, how these risks can be minimised, any uncertainties about Spikevax bivalent Original/Omicron (missing information), and how more information will be obtained about the important risks and uncertainties.

The following safety concerns have been recognised for Spikevax bivalent Original/Omicron:

Summary of Safety Concerns	
Important identified risks	Myocarditis Pericarditis
Important potential risks	Vaccine-associated enhanced disease (VAED) including vaccine-associated enhanced respiratory disease (VAERD)
Missing information	Use in pregnancy and while breast-feeding Long-term safety Use in immunocompromised subjects Interaction with other vaccines Use in frail subjects with unstable health conditions and co-morbidities (e.g. chronic obstructive pulmonary disease (COPD), diabetes, chronic neurological disease, cardiovascular disorders) Use in subjects with autoimmune or inflammatory disorders

The information included in the SmPC and the PIL is compiled based on the available quality, non-clinical and clinical data, and includes appropriate precautions to be followed by healthcare professionals and patients. Side effects of Spikevax bivalent Original/Omicron are continuously monitored and reviewed including all reports of suspected side-effects from patients, their carers, and healthcare professionals.

In addition to the safety information provided in the Spikevax bivalent Original/Omicron product information, the Marketing Authorisation Holder (MAH) has committed to additional pharmacovigilance activities through the provision of effectiveness and safety data derived from pharmacovigilance and post-authorisation studies to further evaluate the long-term effectiveness and safety of Spikevax bivalent Original/Omicron.

An RMP and a summary of the pharmacovigilance system have been provided with this application and are satisfactory.

Other information about Spikevax bivalent Original/Omicron

A Conditional Marketing Authorisation for Spikevax bivalent Original/Omicron was granted in Great Britain (GB, consisting of England, Scotland and Wales) on 12 August 2022.

The full PAR for Spikevax bivalent Original/Omicron follows this summary.

This summary was last updated in October 2022.

MicroRNA-mediated regulation of p21 and TASK1 cellular restriction factors enhances HIV-1 infection

Luba Farberov, Eytan Herzig, Shira Modai, Ofer Isakov, Amnon Hizi and Noam Shomron*

ABSTRACT

MicroRNAs (miRNAs) are short non-coding RNAs that play a central role in the regulation of gene expression by binding to target mRNAs. Several studies have revealed alterations in cellular miRNA profiles following HIV-1 infection, mostly for miRNAs involved in inhibiting viral infection. These miRNA expression modifications might also serve to block the innate HIV-1 inhibition mechanism. As a result, it is expected that during HIV-1 infection miRNAs target genes that hinder or prevent the progression of the HIV-1 replication cycle. One of the major sets of genes known to inhibit the progression of HIV-1 infection are cellular restriction factors. In this study, we identified a direct miRNA target gene that modulates viral spread in T-lymphocytes and HeLa-CCR5 cell lines. Following infection, let-7c, miR-34a or miR-124a were upregulated, and they targeted and downregulated p21 and TASK1 (also known as CDKN1A and KCNK3, respectively) cellular proteins. This eventually led to increased virion release and higher copy number of viral genome transcripts in infected cells. Conversely, by downregulating these miRNAs, we could suppress viral replication and spread. Our data suggest that HIV-1 exploits the host miRNA cellular systems in order to block the innate inhibition mechanism, allowing a more efficient infection process.

of controlling viral replication and disease progression (Swaminathan, S. et al., 2012), ongoing attempts to develop a useful HIV-1 vaccine are unlikely to be successful in the near future, given that HIV-1 has proven to be capable of rapidly developing resistance to therapy, evading the immune response, altering cellular immune function and inhibiting apoptosis in infected cells (Weiss, 1993; Klase et al., 2009; Strebel, 2013). A better understanding of innate inhibition mechanisms of host and HIV can potentially promote HIV-1 therapeutics (Santa-Marta et al., 2013).

Cellular restriction factors are host proteins that hinder or prevent the progression of different steps in the HIV-1 replication cycle (Sheehy et al., 2002; Harris et al., 2012; Strebel, 2013; Rehwinkel, 2014). This innate inhibition mechanism includes several proteins, such as APOBEC3G, tetherin (also known as BST2), cyclophilin A (also known as PPIA), Trim5α, TRIM28, p21 (also known as CDKN1A), SAMHD1, PAF1, UBP (also known as SGTA) and TASK-1 (also known as KCNK3). In this communication, we focused on p21 and TASK, because our screens revealed them as potential targets for miRNAs following HIV-1 infection. The p21 protein is a cyclin-dependent kinase inhibitor that negatively regulates the G1-S transition. This factor can independently block HIV-1

(B)

FC	miRNA	FC	miRNA	FC	miRNA
0.324	hsa-miR-3177	0.467	hsa-miR-33a*	0.494	hsa-miR-3928
0.285	hsa-miR-191*	0.445	hsa-miR-16-1*	0.482	hsa-miR-17*
0.228	hsa-miR-423-5p	0.445	hsa-miR-301a	0.482	hsa-miR-342-3p
0.223	hsa-miR-590-5p	0.401	hsa-miR-181a*	0.481	hsa-let-7c
0.216	hsa-miR-27a*	0.396	hsa-miR-424*	0.480	hsa-miR-130b
0.192	hsa-miR-1260	0.388	hsa-miR-29c	0.479	hsa-miR-365
0.170	hsa-miR-3613-3p	0.375	hsa-miR-219-1-3p	0.473	hsa-let-7d
0.069	hsa-miR-92a-1*	0.344	hsa-miR-191	0.471	hsa-miR-106b
0.061	hsa-miR-106a				

25 miRNAs which were down-regulated by more than 2 FC in the Sup-T1 cell-line.

Note the dates of delivery of vaccines and then the outbreak ::

FIJI
10/1/19: UNICEF delivered a total of 135,000 doses of measles vaccines with syringes and safety boxes to FIJI.

11/7/19: Fiji then declared a measles outbreak on November 7, 2019.

11/27/19: As of November 27th, there are now 14 confirmed cases of measles.

SAMOA
4/2019: MMR was officially relaunched by the Samoan government in April 2019, after being suspended in 2018 following the deaths of two babies within minutes of receiving MMR. Reportedly, it was a medical error that killed the children. Two nurses improperly prepared the vaccine by mixing it with an anesthetic solution. After the April relaunch, vaccine uptake was understandably low, as parents were

largely unwilling to subject their children to the risk of the same medical errors harming or killing their children.

10/1/19: UNICEF delivered a total of 115,500 doses of measles vaccines to SAMOA on October 1st, including syringes and safety boxes, as well as supplies of Vitamin A.

11/28/19: As of November 28, 2019 SAMOA has now confirmed 42 measles-related fatalities. Since the launch of the measles re-vaccination campaign in mid-November, the Samoan Ministry of Health has vaccinated more than 50,000 individuals in both Upolu and Savai'i. New Zealand responded to earlier requests from Samoa for medical supplies, and for pharmaceutical refrigerators which are essential to preserving the efficacy of vaccines.

Samoa's Director General Of Health, Leausa, Dr Take Naseri, said "We have to stop [administering improperly stored measles vaccines] for safety reasons and the fact that we have to do away with about 6000 doses because they were not stored in that specialised fridge where it has to maintain the temperature. So we have to maintain that standard."

TONGA
Early October: UNICEF delivered a total of 12,000 measles vaccines including syringes and safety boxes to TONGA. Plus additional 6 specially designed refrigerators and 3 emergency trolleys to the Tongian Ministry of Health, to ensure the vaccines remain stable...because thousands of the vaccines these children were receiving were not stored properly.
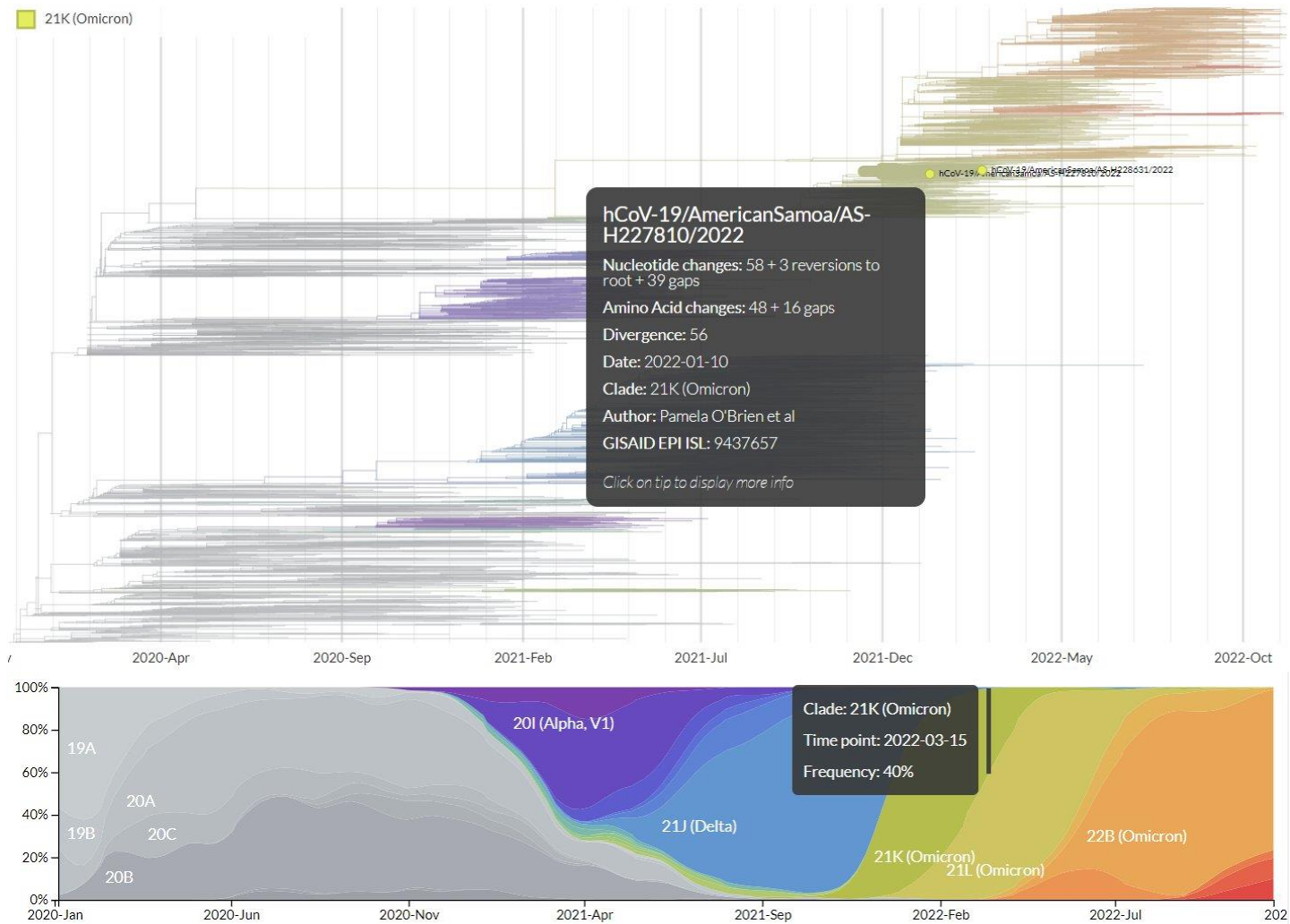
10/24/19 - Tonga: A measles outbreak was then declared in the Kingdom of Tonga on October 24, 2019. The outbreak of measles in Tonga began early October 2019. Tongan health authorities are to re-vaccinate up to 20,000 people against the

measles after it was discovered some historical vaccinations might not be effective. "Even though some children have two doses, they still contracted the measles."

12/2/19: As of this week, there were 394 cases of the disease with two people remaining hospitalized and 2 infant deaths.

"Rapid Identification of Measles Virus Vaccine Genotype by Real-Time PCR." Journal of Clinical Microbiology 55 (3): 735–43.
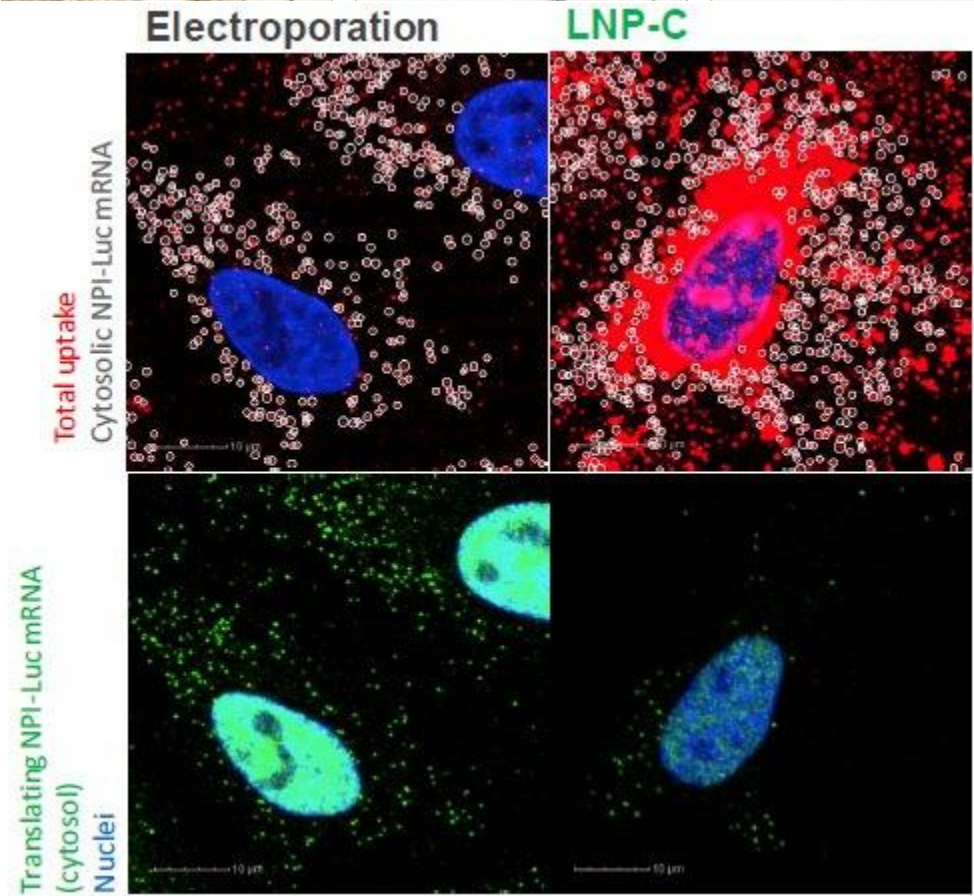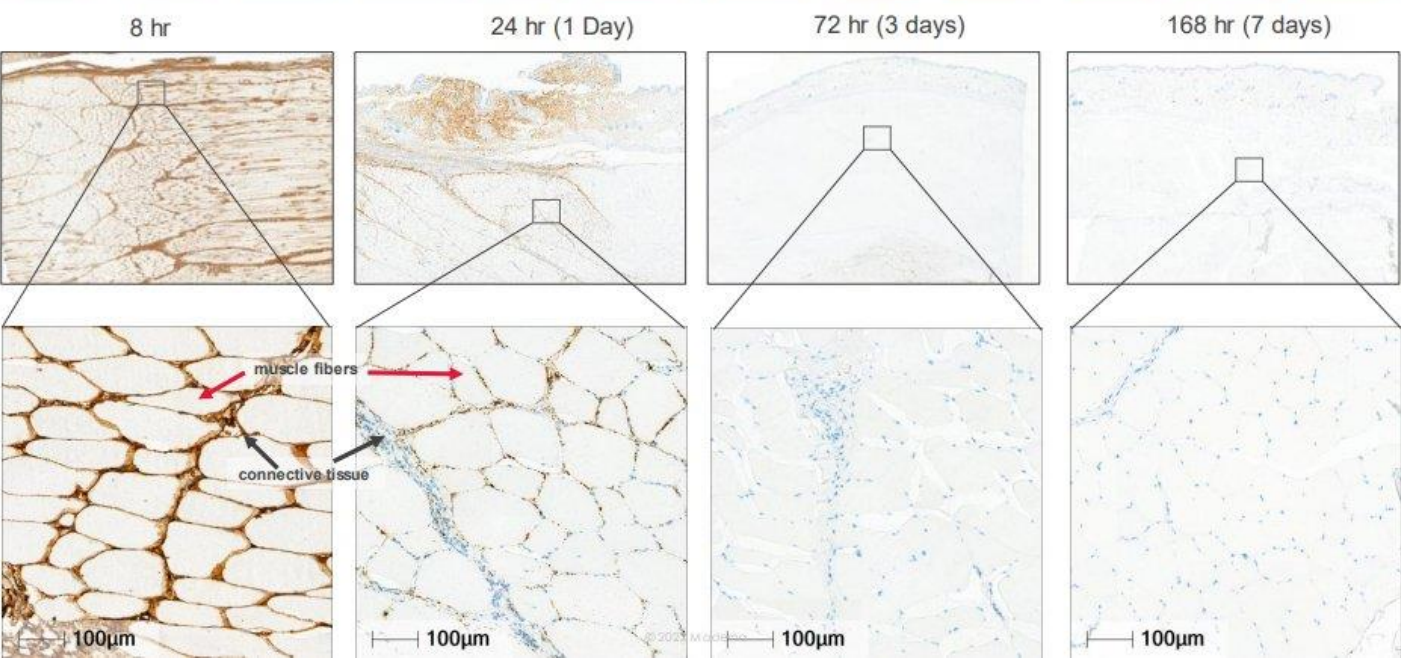
First published electronically in 2016 in the Journal of Clinical Microbiology, this paper was authored jointly by staff from the Canadian Public Health Agency and the US CDC reported that 38% (73 of 194) of the 194 cases of measles in the US in 2015 were caused by the vaccine strain of measles. (2015 outbreak of measles at Disneyland)
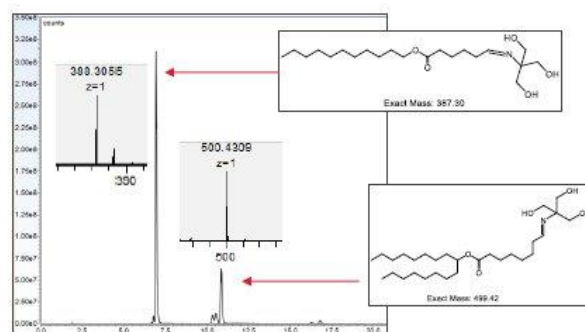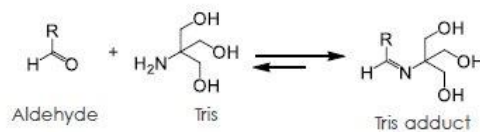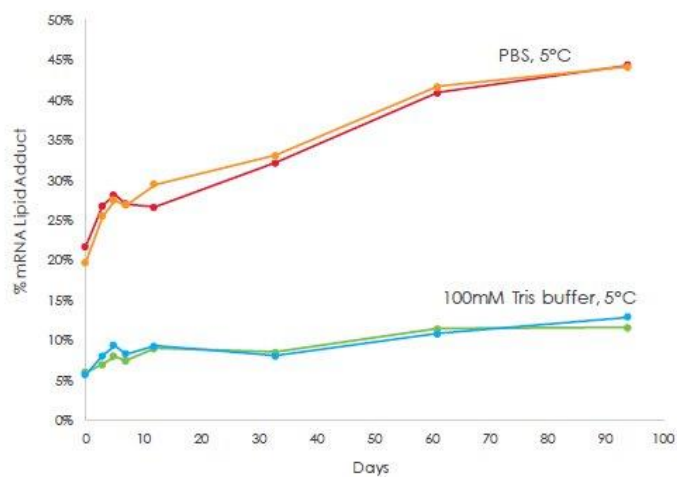
21K (Omicron)

hCoV-19/AmericanSamoa/AS-H227810/2022
Nucleotide changes: 58 + 3 reversions to root + 39 gaps
Amino Acid changes: 48 + 16 gaps
Divergence: 56
Date: 2022-01-10
Clade: 21K (Omicron)
Author: Pamela O'Brien et al
GISAID EPI ISL: 9437657
Click on tip to display more info

Clade: 21K (Omicron)
Time point: 2022-03-15
Frequency: 40%

19A
20A
19B
20C
20B
20I (Alpha, V1)
21J (Delta)
21K (Omicron)
21L (Omicron)
22B (Omicron)

THERE'S THIS THING THAT DOESN'T WORK AND IS KILLING PEOPLE...

YOU'RE ANTI THAT THING!!!

Does 💉 anyone 💉 have 💉 any 💉 idea 💉 what 💉 would 💉 be 💉 causing 💉 the 💉 increase 💉 in 💉 cancer 💉 myocarditis 💉 pericarditis 💉 blood clots 💉 Bells Palsy 💉 strokes 💉 over 💉 the 💉 past 💉 12 months 💉 ? 💉

mRNA is undetectable at injection site after 3 days

8 hr | 24 hr (1 Day) | 72 hr (3 days) | 168 hr (7 days)

muscle fibers

connective tissue

100µm | 100µm | 100µm | 100µm

Electroporation | LNP-C

Total uptake
Cytosolic NPI-Luc mRNA

Translating NPI-Luc mRNA (cytosol)
Nuclei

Tris buffer acts as an aldehyde sink and enables longer term storage at 2-8°C

moderna

ingredient manufacture.

ADEPT/P3

As part of the ADEPT program in 2011, DARPA began investing in nucleic acid vaccines. The hypothesis was that rather than delivering antigens to the immune system, we could deliver genes that encode the antigen and allow the human body to produce the antigen from its own cells, triggering a protective immune response. In December 2020, former ADEPT performer Moderna's RNA vaccine received FDA Emergency Use Authorization (EUA) approval for the prevention of COVID-19.

In FY2016, DARPA initiated the Pandemic Prevention Platform (P3) program aimed squarely at the rapid discovery, testing, and manufacture of antibody treatments to fight any emerging disease threat. P3 convincingly demonstrated how to find and manufacture antibodies in less than 90 days (vs. years), using influenza, Zika, and MERS as test cases. As the COVID-19 outbreak began early in 2020, P3 research pivoted to address the novel coronavirus.

In November, 2020, AbCellera announced that a human monoclonal antibody (mAb) identified as part of the P3 program and in conjunction with the National Institute of Allergy and Infectious Diseases (NIAID) Vaccine Research Center (VRC), bamlanivimab (LY-CoV555), had been granted emergency use authorization (EUA) from the U.S.

FACT CHECKERS & EXPERTS DIDN'T CHECK THE FACTS

REUTERS

Fact Check-There is no evidence that mRNA vaccines are linked to blood clots

By Reuters Fact Check

REUTERS

No link found so far between menstrual disorders and COVID-19 vaccines, EU says

---

REUTERS   My View ⌄   Register

2 minute read · April 27, 2021 5:25 PM UTC · Last Updated ago

U.S. CDC has not seen link between heart inflammation and COVID-19 vaccines

---

REUTERS

🔲 My View   👤 Following   🔖 Saved

(Future of Health)

4 minute read · April 7, 2022 6:41 AM GMT+10 · Last Updated 7 months ago

Rare vaccine-related blood clots tied to gene; concentrated antibodies may help the immunosuppressed

---

REUTERS My View ⌄ Q   Register

2 minute read · October 28, 2022 6:21 PM UTC · Last Updated ago

EU regulator recommends adding heavy periods to side effects of mRNA COVID shots

---

REUTERS My View ⌄ Q   Register

2 minute read · June 24, 2021 2:15 PM UTC · Last Updated ago

FDA to add warning about rare heart inflammation to Pfizer, Moderna vaccines

We are being nudged toward Sameness, From cradle to grave.

Print

ines

N

afety

COVID-19 vaccine effectiveness

The reason we vaccinate for COVID-19 is to reduce the risk of people becoming very sick if they catch the virus.

People who have received a COVID-19 vaccine have a much lower chance of developing more serious symptoms from COVID-19 or needing hospital treatment compared to those who did not get the vaccine.

All COVID-19 vaccines approved in Australia have been proven to be effective in reducing the risk of serious effects of COVID-19. ATAGI reports show that the relative short-term effectiveness of the vaccines against symptomatic COVID-19 infection after two doses is:

- Moderna (Spikevax) vaccine over 90%
- Pfizer (Comirnaty) vaccine over 90%
- Novavax (Nuvaxovid) vaccine around 90%
- AstraZeneca (Vaxzevria) vaccine over 70%.

Booster doses are recommended after you receive your second vaccine and then as recommended by ATAGI, which will make your vaccination more effective for a longer period of time.

Ongoing studies into effectiveness

You can find current information about studies and trials looking at the effectiveness of COVID-19 vaccines on the Australian Department of Health and the Therapeutic Goods Administration websites.

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ON SCIENCE AND HEALTH
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If You Accept Science, You Accept Roundup Does Not Cause Cancer

By ACSH Staff — October 9, 2018

The common weed killer Roundup (glyphosate) is back in the news after a US court ruled it contributed to a man's terminal cancer (non-Hodgkin lymphoma). Following the court's order for manufacturer Monsanto to compensate the former school ground's keeper US$289 million, more than 9,000 people are reportedly also suing the company.

In light of this, Cancer Council Australia is calling for Australia to review glyphosate's safety. And tonight's Four Corner's report centres around Monsanto's possible cover-up of the evidence for a link between glyphosate and cancer.

Related articles

The IARC Credibility Gap And How To Close It

Glyphosate-gate: IARC's Scientific Fraud

Claims That Criticism of IARC Are Industry-Driven Do IARC More Harm Than Good

Popular Science Goes Down the Anti-Glyphosate Rabbit Hole

Infographic: Global Regulatory, Health Research Agencies on Whether Glyphosate Causes Cancer

US Representatives					Raw Vote Totals				% of Prev Pres. Total		
Yr	Dem	Rep	Dem	Rep	Dem	Rep	Other	Total		Dem	Rep
1992	258	176	59.31%	40.46%	48,654,189	43,812,063	4,662,164	97,128,416	1992		
1994	204	230	46.90%	52.87%	31,542,823	36,325,809	2,680,882	70,549,514	1994	64.83%	82.91%
1996	207	226	47.59%	51.95%	43,507,586	43,447,962	3,275,383	90,230,931	1996		
1998	211	223	48.51%	51.26%	31,490,298	32,237,964	2,863,443	66,591,705	1998	72.38%	74.20%
2000	212	221	48.74%	50.80%	46,582,167	46,992,383	5,237,013	98,811,563	2000		
2002	205	229	47.13%	52.64%	33,795,885	37,332,552	3,586,308	74,714,745	2002	72.55%	79.44%
2004	202	232	46.44%	53.33%	52,969,786	55,958,144	4,302,766	113,230,696	2004		
2006	233	202	53.56%	46.44%	42,338,795	35,857,334	2,752,245	80,948,374	2006	79.93%	64.08%
2008	257	178	59.08%	40.92%	65,237,840	52,249,491	5,150,802	122,638,133	2008		
2010	193	242	44.37%	55.63%	38,980,192	44,829,751	2,949,832	86,759,775	2010	59.75%	85.80%
2012	201	234	46.21%	53.79%	58,283,314	59,645,531	4,277,212	122,206,057	2012		
2014	188	247	43.22%	56.78%	35,624,357	40,081,282	2,583,543	78,289,182	2014	61.12%	67.20%
2016	194	241	44.60%	55.40%	61,765,832	63,182,073	3,731,709	128,679,614	2016		
2018	235	199	54.02%	45.75%	60,572,245	50,861,970	2,042,582	113,476,797	2018	98.07%	80.50%
2020	222	213	51.03%	48.97%	77,529,619	72,760,036	2,288,675	152,578,330	2020		
2022	209	217	49.06%	50.94%	48,514,183	52,902,005	1,598,155	103,014,343	2022	62.58%	72.71%

Party	Year	% of Prev. Pres. Total		
(blue)	1994	64.83%	82.91%	18.08%
	1998	72.38%	74.20%	1.82%
(red)	2002	72.55%	79.44%	6.89%
	2006	79.93%	64.08%	15.85%
(blue)	2010	59.75%	85.80%	26.05%
	2014	61.12%	67.20%	6.08%
(red)	2018	98.07%	80.50%	17.57%
(blue)	2022	62.58%	72.71%	10.13%
		71.40%	75.86%	

Averages			
(blue)	64.13%	76.56%	12.43%
(red)	83.52%	74.67%	8.84%
-2018	76.24%	71.76%	4.48%

US Presidential & Mid-Term Eligible Voter Turnout Rate

Year	Pres.		Year	Mid-Term		
1789	11.6%		1790	21.6%		186.21%
1792	6.3%	-45.7%	1794	25.0%	15.7%	396.83%
1796	20.1%	219.0%	1798	36.0%	44.0%	179.10%
1800	32.3%	60.7%	1802	42.0%	16.7%	130.03%
1804	23.8%	-26.3%	1806	45.8%	9.0%	192.44%
1808	36.8%	54.6%	1810	49.8%	8.7%	135.33%
1812	40.4%	9.8%	1814	52.8%	6.0%	130.69%
1816	16.9%	-58.2%	1818	41.1%	-22.2%	243.20%
1820	10.1%	-40.2%	1822	44.7%	8.8%	442.57%
1824	26.9%	166.3%	1826	50.1%	12.1%	186.25%
1828	57.3%	113.0%	1830	55.7%	11.2%	97.21%
1832	57.0%	-0.5%	1834	63.0%	13.1%	110.53%
1836	56.5%	-0.9%	1838	70.8%	12.4%	125.31%
1840	80.3%	42.1%	1842	61.8%	-12.7%	76.96%
1844	79.2%	-1.4%	1846	60.3%	-2.4%	76.14%
1848	72.8%	-8.1%	1850	60.5%	0.3%	83.10%
1852	69.5%	-4.5%	1854	66.1%	9.3%	95.11%
1856	79.4%	14.2%	1858	69.1%	4.5%	87.03%
1860	81.8%	3.0%	1862	65.1%	-5.8%	79.58%
1864	76.3%	-6.7%	1866	71.4%	9.7%	93.58%
1868	80.9%	6.0%	1870	67.0%	-6.2%	82.82%
1872	72.1%	-10.9%	1874	65.0%	-3.0%	90.15%
1876	82.6%	14.6%	1878	65.2%	0.3%	78.93%
1880	80.5%	-2.5%	1882	65.7%	0.8%	81.61%
1884	78.2%	-2.9%	1886	63.9%	-2.7%	81.71%
1888	80.5%	2.9%	1890	64.6%	1.1%	80.25%
1892	75.8%	-5.8%	1894	67.4%	4.3%	88.92%
1896	79.6%	5.0%	1898	60.1%	-10.8%	75.50%
1900	73.7%	-7.4%	1902	55.6%	-7.5%	75.44%
1904	65.5%	-11.1%	1906	51.3%	-7.7%	78.32%
1908	65.7%	0.3%	1910	52.0%	1.4%	79.15%
1912	59.0%	-10.2%	1914	50.4%	-3.1%	85.42%
1916	61.8%	4.7%	1918	39.9%	-20.8%	64.56%
1920	49.2%	-20.4%	1922	35.7%	-10.5%	72.56%
1924	48.9%	-0.6%	1926	32.9%	-7.8%	67.28%
1928	56.9%	16.4%	1930	36.7%	11.6%	64.50%
1932	56.9%	0.0%	1934	44.5%	21.3%	78.21%
1936	61.0%	7.2%	1938	46.6%	4.7%	76.39%
1940	62.4%	2.3%	1942	33.9%	-27.3%	54.33%
1944	55.9%	-10.4%	1946	38.8%	14.5%	69.41%
1948	52.2%	-6.6%	1950	43.6%	12.4%	83.52%
1952	62.3%	19.3%	1954	43.5%	-0.2%	69.82%
1956	60.2%	-3.4%	1958	45.0%	3.4%	74.75%
1960	63.8%	6.0%	1962	47.7%	6.0%	74.76%
1964	62.8%	-1.6%	1966	48.7%	2.1%	77.55%
1968	62.5%	-0.5%	1970	47.3%	-2.9%	75.68%
1972	56.2%	-10.1%	1974	39.1%	-17.3%	69.57%
1976	54.8%	-2.5%	1978	39.0%	-0.3%	71.17%
1980	54.2%	-1.1%	1982	42.0%	7.7%	77.49%
1984	55.2%	1.8%	1986	38.1%	-9.3%	69.02%
1988	52.8%	-4.3%	1990	38.4%	0.8%	72.73%
1992	58.1%	10.0%	1994	41.1%	7.0%	70.74%
1996	51.7%	-11.0%	1998	38.1%	-7.3%	73.69%
2000	54.2%	4.8%	2002	39.5%	3.7%	72.88%
2004	60.1%	10.9%	2006	40.4%	2.3%	67.22%
2008	61.6%	2.5%	2010	41.0%	1.5%	66.56%
2012	58.6%	-4.9%	2014	36.7%	-10.5%	62.63%
2016	60.1%	2.6%	2018	50.0%	36.2%	83.19%
2020	66.6%	10.8%	2022	46.90%	-6.2%	70.42%

US Presidential & Mid-Term Eligible Voter Turnout Rate: Last 100 years

Year	Pres.		Year	Mid-Term		
1916	61.8%		1918	39.9%	-20.8%	64.56%
1920	49.2%	-20.4%	1922	35.7%	-10.5%	72.56%
1924	48.9%	-0.6%	1926	32.9%	-7.8%	67.28%
1928	56.9%	16.4%	1930	36.7%	11.6%	64.50%
1932	56.9%	0.0%	1934	44.5%	21.3%	78.21%
1936	61.0%	7.2%	1938	46.6%	4.7%	76.39%
1940	62.4%	2.3%	1942	33.9%	-27.3%	54.33%
1944	55.9%	-10.4%	1946	38.8%	14.5%	69.41%
1948	52.2%	-6.6%	1950	43.6%	12.4%	83.52%
1952	62.3%	19.3%	1954	43.5%	-0.2%	69.82%
1956	60.2%	-3.4%	1958	45.0%	3.4%	74.75%
1960	63.8%	6.0%	1962	47.7%	6.0%	74.76%
1964	62.8%	-1.6%	1966	48.7%	2.1%	77.55%
1968	62.5%	-0.5%	1970	47.3%	-2.9%	75.68%
1972	56.2%	-10.1%	1974	39.1%	-17.3%	69.57%
1976	54.8%	-2.5%	1978	39.0%	-0.3%	71.17%
1980	54.2%	-1.1%	1982	42.0%	7.7%	77.49%
1984	55.2%	1.8%	1986	38.1%	-9.3%	69.02%
1988	52.8%	-4.3%	1990	38.4%	0.8%	72.73%
1992	58.1%	10.0%	1994	41.1%	7.0%	70.74%
1996	51.7%	-11.0%	1998	38.1%	-7.3%	73.69%
2000	54.2%	4.8%	2002	39.5%	3.7%	72.88%
2004	60.1%	10.9%	2006	40.4%	2.3%	67.22%
2008	61.6%	2.5%	2010	41.0%	1.5%	66.56%
2012	58.6%	-4.9%	2014	36.7%	-10.5%	62.63%
2016	60.1%	2.6%	2018	50.0%	36.2%	83.19%
2020	66.6%	10.8%	2022	46.90%	-6.2%	70.42%

US Presidential & Mid-Term Eligible Voter Turnout Rate: Last 50 years

Year	Pres.		Year	Mid-Term		
1972	56.2%	-10.1%	1974	39.1%	-17.3%	69.57%
1976	54.8%	-2.5%	1978	39.0%	-0.3%	71.17%
1980	54.2%	-1.1%	1982	42.0%	7.7%	77.49%
1984	55.2%	1.8%	1986	38.1%	-9.3%	69.02%
1988	52.8%	-4.3%	1990	38.4%	0.8%	72.73%
1992	58.1%	10.0%	1994	41.1%	7.0%	70.74%
1996	51.7%	-11.0%	1998	38.1%	-7.3%	73.69%
2000	54.2%	4.8%	2002	39.5%	3.7%	72.88%
2004	60.1%	10.9%	2006	40.4%	2.3%	67.22%
2008	61.6%	2.5%	2010	41.0%	1.5%	66.56%
2012	58.6%	-4.9%	2014	36.7%	-10.5%	62.63%
2016	60.1%	2.6%	2018	50.0%	36.2%	83.19%
2020	66.6%	10.8%	2022	46.90%	-6.2%	70.42%

NIH〉
Office of Human Resources

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Director, National Institute of Allergy and Infectious Diseases

> **Vaccine Information**   ⊕

Job Summary

THE POSITION: The National Institutes of Health (NIH) is seeking exceptional candidates for the position of Director, National Institute of Allergy and Infectious Diseases (NIAID). NIAID, one of the largest of 27 Institutes and Centers (ICs) at NIH, is a $6.3 billion research organization that conducts and supports basic, applied and translational research to better understand, treat, and ultimately prevent infectious and immune-mediated illnesses while continuing in its unique dual mandate role to respond rapidly to emerging and re-emerging infectious diseases. NIAID conducts and supports research in laboratories and clinics in the United States and abroad. Intramural sites include the main NIH campus in Bethesda, Maryland; the Integrated Research Facility in Frederick, Maryland; the Twinbrook Facility in Rockville, Maryland; and the Rocky Mountain Laboratories in Hamilton, Montana. International study is conducted and

Required Qualifications

Applicants must possess an M.D. and/or Ph.D. or equivalent doctoral degree in the areas of immunology, microbiology, immune-mediated or infectious diseases, and/or other related disciplines. A nationally/internationally recognized scientist is desired. Candidates must exhibit a broad scientific vision, demonstrating skill in managing a broad and complex biomedical research program, and the ability to lead and inspire a staff with expertise in diverse scientific disciplines to accomplish the overall mission and strategic goals. Candidates must have the ability to serve as an authority on the development, implementation, management, and analysis of complex annual operating and program budgets with multiple funding categories. A scientist with experience and skill as a communicator in matters involving biomedical research in general is required; in addition, must possess political savvy to present to various audiences and ability to meet, deal, and negotiate and handle conflicts to resolve and diffuse difficult situations. Candidates must have demonstrated experience in setting, planning, implementing, and analyzing program objectives and priorities and have the demonstrated ability to manage financial and human resources and coordinate a research portfolio involving extensive internal and external collaborations.   Key attributes include: an innovative and strategic thinker, team player, and skilled communicator with strong interpersonal skills who can liaison and collaborate, as well as represent the NIH at the highest levels within the government, including Congress, and with nationally and internationally recognized scientific leaders and officials of academia, industry, and the private sector, as well as the press, and professional and advocacy groups.

DEFENSE ADVANCED RESEARCH PROJECTS AGENCY
675 NORTH RANDOLPH STREET
ARLINGTON, VA 22203-2114

13 Aug 21

From: COMMANDANT OF THE MARINE CORPS FELLOW, DARPA
To: INSPECTOR GENERAL

Subj: SARS-CoV-2 ORIGINS INVESTIGATION WITH US GOVERNMENT PROGRAM UNDISCLOSED DOCUMENT ANALYSIS

Ref:(1) Executive Slide HR00118Soo17 EcoHealth Alliance DEFUSE
    (2) HR00118S0017-PREEMPT-FP-019-PM Summary (Selectable - Not Recommended)
    (3) PREEMPT Volume 1 no ESS HR00118S0017 EcoHealth Alliance DEFUSE
    (4) PREEMPT Volume 2 EHA Final HR00118S0017 EcoHealth Alliance DEFUSE
    (5) SF424_2_0-V2.0 HR00118S0017 EcoHealth Alliance DEFUSE
    (6) WIV Budget packet HR001118S0017 EcoHealth Alliance DEFUSE
    (7) WS00094394-RR_KeyPersonExpanded_2_0-V2.0 HR001118S0017 EcoHealth Alliance DEFUSE
    (8) WS00094394-RR_PersonalData_1_2-V1.2 HR001118S0017 EcoHealth Alliance DEFUSE

1. SARS-CoV-2 is an American-created recombinant bat vaccine, or its precursor virus. It was created by an EcoHealth Alliance program at the Wuhan Institute of Virology (WIV), as suggested by the reporting surrounding the lab leak hypothesis. The details of this program have been concealed since the pandemic began. These details can be found in the EcoHealth Alliance proposal response to the DARPA[i] PREEMPT[ii] program Broad Agency Announcement (BAA) HR00118S0017, dated March 2018[iii] – a document not yet publicly disclosed.

The contents of the proposed program are extremely detailed. Peter Daszak lays out step-by-step what the organization intends to do by phase and by location. The primary scientists involved, their roles, and their institutions are indicated. The funding plan for the WIV work is its own document. The reasons why nonpharmaceutical interventions like masks and medical countermeasures like the mRNA vaccines do not work well can be extrapolated from the details. The reasons why the early treatment protocols work as curatives are apparent.

SARS-CoV-2's form as it emerged is likely as a precursor, deliberately virulent, humanized recombinant SARSr-CoV that was to be reverse engineered into a live attenuated SARSr-Cov bat vaccine. Its nature can be determined from analysis of its genome with the context provided by the EcoHealth Alliance proposal. Joining this analysis with US intelligence collections on Wuhan will aid this determination.

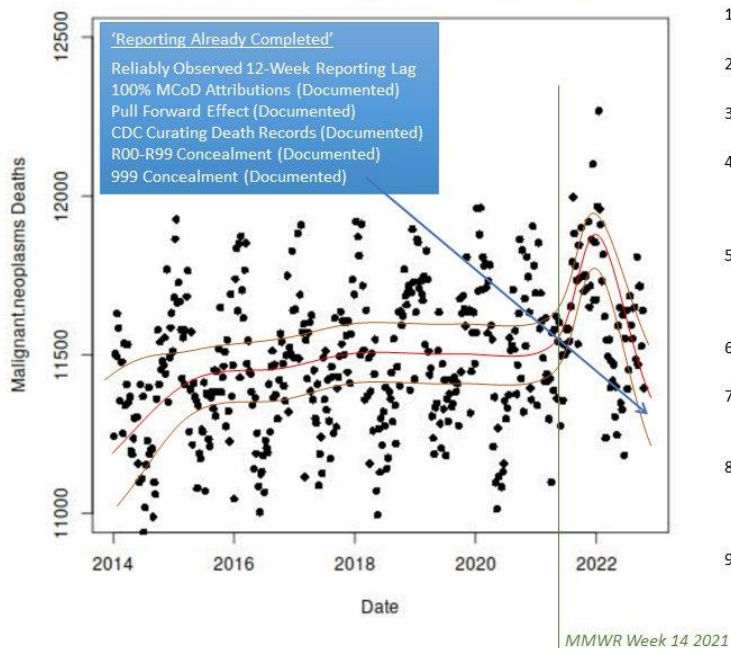Excess Non-Covid Natural Cause Mortality - Wk 44 (Lag Adjusted)

NCHS Fatalities per MMWR Week Actual Deaths

US Center for Disease Control and Prevention: Weekly Provisional Counts of Deaths by State and Select Causes, 2020-2022: https://data.cdc.gov/NCHS/Weekly-Provisional-Counts-of-Deaths-by-State-and-S/muzy-jte6
US Center for Disease Control and Prevention: Weekly Counts of Deaths by State and Select Causes, 2014-2019: https://data.cdc.gov/NCHS/Weekly-Counts-of-Deaths-by-State-and-Select-Causes/3yf8-kanr
2014-2019 Average Reference
130 Week Pull Forward Effect (PFE) Taper (50% of DFT measured PFE MMWR Week 14 2021)

Excess NCNCM = 12.5%
σ-event = 6

MMWR Week 14 2021 Inflection Point

401,100 Extra Anomalous Deaths Since MMWR Wk 14 2021

1.1% annual growth

The Ethical Skeptic @EthicalSkeptic

LAG

PFE

2019 · 2020 · 2021 · 2022

NCHS MMWR Week

Malignant Neoplasms (C00-C97) Deaths - Wk 44 (Lag/MCoD Adjusted)

NCHS Fatalities per MMWR Week

US Center for Disease Control and Prevention: Weekly Provisional Counts of Deaths by State and Select Causes, 2020-2022; https://data.cdc.gov/NCHS/Weekly-Provisional-Counts-of-Deaths-by-State-and-S/muzy-jte6
US Center for Disease Control and Prevention: Weekly Counts of Deaths by State and Select Causes, 2014-2019; https://data.cdc.gov/NCHS/Weekly-Counts-of-Deaths-by-State-and-Select-Causes/3yf8-kanr

MMWR Week Actuals (7-day ma)
2014-2019 Average Reference (7-d ma & normalized to growth)
130 Week Pull Forward Effect (PFE) Taper (30% of 812 DFT measured PFE MMWR Week 14 2021)
75% of Wonder MCoD-UCoD differential added back to ICD-10 for Cancer post wk 22 2022

σ-event = 8

MMWR Week 14 2021 Inflection Point

32,200 Extra Anomalous Deaths Since MMWR Wk 14 2021

0.23% annual growth

The Ethical Skeptic @EthicalSkeptic

.831-.998 Lag Curve

PFE

L A G

2017 · 2018 · 2019 · 2020 · 2021 · 2022

NCHS MMWR Week

Malignant.neoplasms Deaths (2014-2022)

'Reporting Already Completed'

Reliably Observed 12-Week Reporting Lag
100% MCoD Attributions (Documented)
Pull Forward Effect (Documented)
CDC Curating Death Records (Documented)
R00-R99 Concealment (Documented)
999 Concealment (Documented)

MMWR Week 14 2021

The Pharma Troll Fantasy

What pharma trolls would have you believe:

1. Cancer rates are down suddenly in just a matter of the last 8 months – off a sudden record high. It's a miracle.

2. Reaching just far enough back into time to cherry pick a high-deviation start year (2014) which appears to imply a trend, constitutes sound analysis.

3. There is no lag in death certificate reporting ("He's lag-adjusting numbers which are 'already complete'.")

4. That 100% of Cancer patients who tested positive, or showed possible symptoms, or might have been exposed in hospice or hospital of/to Covid – therefore died of Covid (wink, wink, nudge, nudge) – and only since the 'system upgrade' pause in June. In all of 2020/21/22 this overlap was ~25%.

5. Ironically, that there is no such thing as 'pull forward effect' (even though it is obvious on the graph). You cannot use PFE analytically or you are 'making up numbers'. You must assume the miracle cure is valid in your models, and of course that the miracle cure assumption is not 'made up' itself. Yeah right.

6. That removing cancer records from the database (curating), 13 - 30 weeks after reporting by the attending physician, is sound 'science'.

7. That exploding an un-attended R00-R99 and 999 death bucket-hold counts contain NO Cancer deaths. No, we don't even have to look (even though the data is available). Our knowledge is divinely inspired through authority.

8. That deferred screenings, stress-internalization, social coercion, economic collapse, inflation, corrupt media, brain-dead leadership, WW III, viruses, and a coerced ribosome chronic-dosing spike protein, will serve to REDUCE cancer rates.

9. That the cancer surge in late 2021 (after the shots started), was merely a result of Covid! Even though it was absent in all of 2020 and early 2021.

Their own 'graphs' belie their very own claims

1885

2020

Excess mortality: Deaths from all causes compared to projection based on previous years, by age

Our World in Data

The percentage difference between the reported number of weekly or monthly deaths in 2020–2022 — broken down by age group — and the projected number of deaths for the same period based on previous years. The reported number might not count all deaths that occurred due to incomplete coverage and delays in reporting.

⊕ Add country   ☑ Align axis scales

■ Belgium   ■ Sweden

Ages 0–14

0%
-50%

Jul 17, 2022   Oct 16, 2022

Ages 15–64

Jul 17, 2022   Oct 16, 2022

Ages 65–74

Jul 17, 2022   Oct 16, 2022

Ages 75–84

0%
-50%

Jul 17, 2022   Oct 16, 2022

Ages 85+

Jul 17, 2022   Oct 16, 2022

All ages

Jul 17, 2022   Oct 16, 2022

Source: Human Mortality Database (2022), World Mortality Dataset (2022)   OurWorldInData.org/coronavirus • CC BY
Note: Comparisons across countries are affected by differences in the completeness of death reporting. Details can be found at our Excess Mortality page.

▶ Jan 5, 2020   ────────────────────○──○   Oct 16, 2022

THE MUTTONS

CAN'T MEME

Monthly Excess Mortality in September 2022

(% difference versus average monthly deaths in 2016-2019)
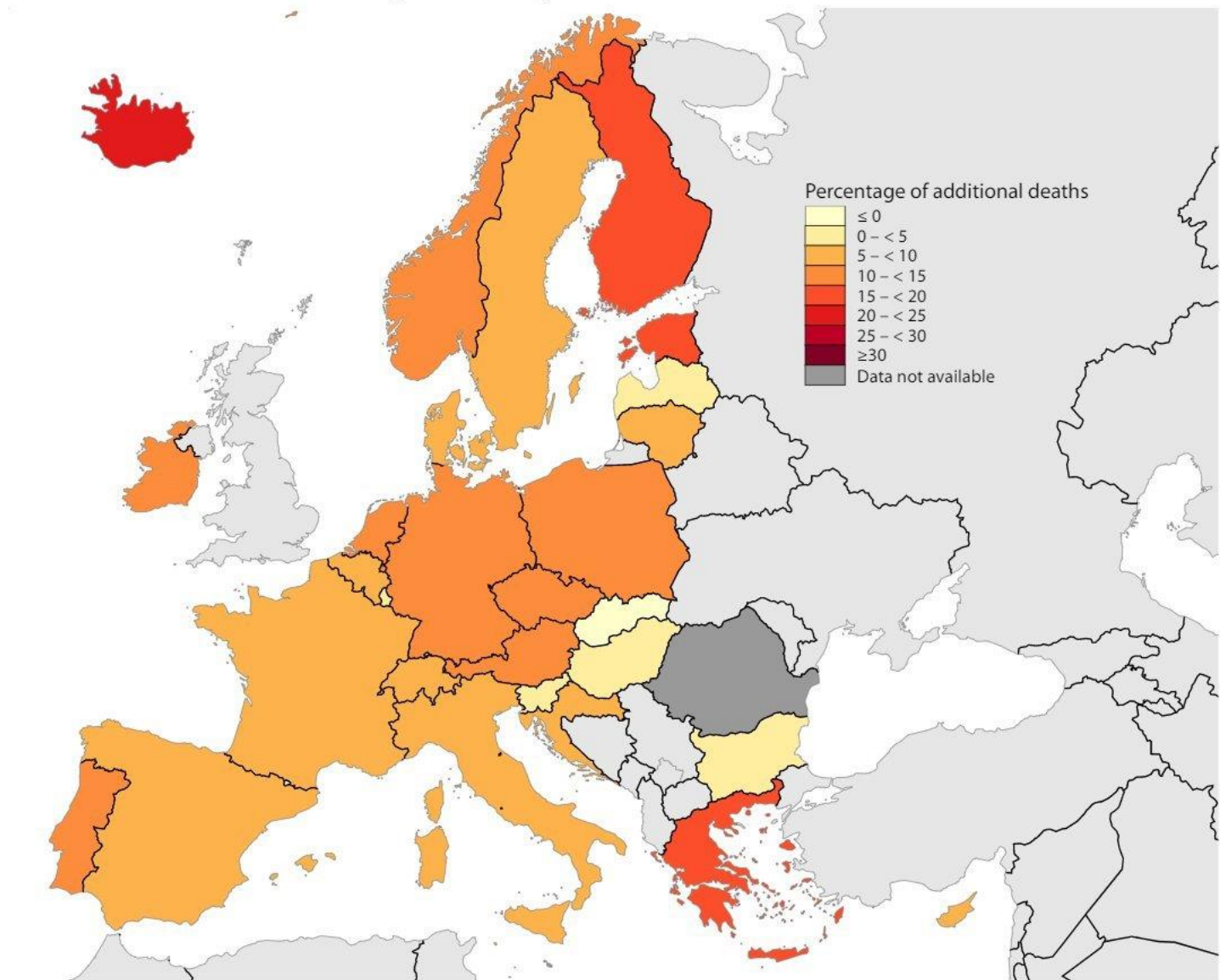
Percentage of additional deaths

- ≤ 0
- 0 – < 5
- 5 – < 10
- 10 – < 15
- 15 – < 20
- 20 – < 25
- 25 – < 30
- ≥30
- Data not available

Excess mortality is expressed as percentage of additional mortality compared to the baseline period (2016-2019)

Source: Eurostat (online data code: demo_mexrt)

Administrative boundaries: © EuroGeographics © UN–FAO © Turkstat

Cartography: Eurostat – IMAGE, 11/2022

ec.europa.eu/**eurostat**

Patricia L. Hartung, RN, MSN, CRNP
@PLHartungRN

Hot, Jewish, MILF Nurse Practitioner. Happily Married To @USNavy Nurse Practitioner x 30 Years. Mom To

BE A NURSE

@ZeroMisinfoHere

Account suspended

Twitter suspends accounts that violate the Twitter Rules. Learn more

@NoMisinfoToday

Account suspended

Twitter suspends accounts that violate the Twitter Rules. Learn more

@ShockTraumaRN

Account suspended

Twitter suspends accounts that violate the Twitter Rules. Learn more

@ShockTraumaNP

Account suspended

Twitter suspends accounts that violate the Twitter Rules. Learn more

@USNMedicineCRNP

Account suspended

Twitter suspends accounts that violate the Twitter Rules. Learn more

IRONICALLY, THE ONLY PEOPLE STILL SCARED OF COVID ARE VACCINATED AGAINST IT.

April 2019 - MMR relaunched in Samoa after a pause on the vaccination program in 2018 after two vaccine-related deaths of children. The vaccine program was poorly received by the Samoan population and uptake was low.

1st Oct 2019 - UNICEF delivered 135,000 doses of measles vaccines to Fiji, 110,500 doses of measles vaccines to Samoa (as well as supplies of vitamin A) and 12,000 doses of measles vaccines to Tonga

18th Oct 2019 - Samoa declares a measles outbreak.

24th Oct 2019 - Tonga declares a measles outbreak.

7th Nov 2019 - Fiji declares a measles outbreak (archive here)

15th Nov 2019 - State of emergency declared in Samoa after 1000 cases and 15 deaths (of which 14 were children under five)

Immediately the propaganda machine moves into action making the world believe that the problem is the fact that Samoa - for one year only - had a lower vaccination rate than the neighbouring islands...

Oops.

So there are two aspects to the devastating and fatal Samoa outbreak

1. Why did a measles outbreak occur in 3 neighbouring islands at the same time, just weeks after a delivery of UNICEF vaccines to those very islands?

2. Why did the death rate in the Samoan outbreak reach such high levels far in excess of what would be expected in a country with access to healthcare?

Isn't this just the same scenario we have seen over the last 3 years?

1. A viral outbreak suspiciously appears

2. Repurposed and safe drugs (including vitamins) are denied as adjunctive treatment to people who would likely benefit from them at zero risk

3. The vaccine people come along to pretend to save the day (and likely make the situation worse because vaccinating the population during an outbreak is usually a really bad idea)

4. Social media nudge units move into action to denigrate anybody suggesting anything other than what BigPharma and BigGovt suggest as the solution, then many more people die than should have.

Are you on the US or the Chinese side?

QUIET EWES

GRAHAM IS COMING

2ndfor1st   Following   •••
@2ndfor1st · 1/15/18

Paul Offit:

"What's the best way to convince a parent t... more

💬 34   ⟲ 228   ♡ 190   ⬆

Swipe up for more

Renee DiResta
July 8, 2015 · Edited · 👥 ▾

○ Allowed on Timeline ▾

This feels #humblebraggy buuuut I have been an admirer of Sec. Clinton's for a long time so I was very excited to get to meet her. I'm planning to volunteer for the campaign in some way. If you're interested in getting involved also, let me know. 🙂

🏷 Tag Photo   📍 Add Location   ✏ Edit

👍 Like   💬 Comment   ➤ Share

👍❤ Matt Turck, Greg Brockman and 213 others

View 25 more comments

Natascha Bota

Like · Reply · July 10, 2015 at 6:41am

Ella Mihov So impressive! And you look GREAT
Like · Reply · July 12, 2015 at 12:00pm

Rose Broome I will help
Like · Reply · October 16, 2015 at 11:25pm

Peter Kazanjy I'm sure she was stoked to meet you / would have been if she knew more about you!
Unlike · Reply · 👍 2 · February 21 at 1:05pm

Rossy Iturri Hurtado BELLISIMAS... MUY IMPORTANTE...TODO SE PUEDE CON BUENA ACTITUD..
See Translation

From: Vacsafety on behalf of Stanley Plotkin
To: VACSAFETY@LISTSERV.IMMUNIZE.ORG
Subject: Re: [VACSAFETY] Fwd: Daily Clips
Date: Monday, February 02, 2015 11:30:16 AM
Attachments: ~WRD000.jpg
image001.jpg
image002.jpg
image003.jpg
image004.jpg
image005.jpg
image006.jpg
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image009.jpg
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image012.jpg
image013.jpg
IMG_0848.JPG

I thought everybody would enjoy this from the New Yorker.
Stanley Plotkin

From: Vacsafety [mailto:VACSAFETY@LISTSERV.IMMUNIZE.ORG] **On Behalf Of** Amy Pisani
Sent: Monday, February 02, 2015 2:22 PM
To: VACSAFETY@LISTSERV.IMMUNIZE.ORG
Subject: [VACSAFETY] Fwd: Daily Clips

Ian here are today's daily clips. We have no landline power or internet at home today due to storm

Amy Pisani, Executive Director, ECBT

Begin forwarded message:

> **From:** Every Child By Two <info@ecbt.org>
> **Date:** February 2, 2015 at 11:59:13 AM EST
> **To:** amyp@ecbt.org
> **Subject:** Daily Clips
> **Reply-To:** info@ecbt.org

Image removed by sender.

February 2, 2015

or serologic evidence of immunity) CDPH has additional immunity criteria unless the contact is known to be unvaccinated:

- ✓ Having served in the U.S. armed forces; or
- ✓ Born in the U.S. in $\geq$1970 and attended a U.S. elementary school; or
- ✓ Entered the U.S. $\geq$1996 with an immigrant visa or have a green card

- Postexposure prophylaxis for high-risk susceptible persons
  - MMR vaccine if <72 hours of exposure
  - IGIM for those <66 pounds $\leq$6 days of exposure
  - IGIV for pregnant women/severely immunocompromised $\leq$6 days

- Quarantine of susceptible persons who did not receive timely postexposure prophylaxis

California Department of Public Health, Immunization Branch

CDPH

Recommendations for Measles Testing

- CDPH recommends PCR as primary diagnostic tool for measles; the state lab and 17 local public health labs offer measles PCR testing – benefits of PCR include:
  - Virus can be detected from day of rash onset in respiratory (throat swab preferred) specimens ($\leq$7+ days after rash) or urine ($\leq$10+ days after rash)
  - These specimens are easy to collect and are non-invasive
  - The test is rapid (TAT <1 day) and high throughput
  - Additional testing to identify genotype can be performed
  - More sensitive and specific than IgM testing
    - ✓ IgM testing can yield false positives (rheumatoid factor, pregnancy, etc.)
    - ✓ IgM negative result in blood collected <72 hours of rash onset cannot be relied upon
    - ✓ IgM testing can be falsely negative in previously vaccinated persons

- During the outbreak, the state lab performed >1500 PCR tests; local public health labs performed >900 PCR tests + IgG testing for immunity

- Genotyping was also performed

  - **73 specimens were genotype B3 (outbreak strain)**
    - ✓ 1 genotype D4 ⎤
    - ✓ 2 genotype D8 ⎬ Not counted as outbreak cases
    - ✓ 2 genotype H1 ⎦

    - ✓ 31 genotype A (vaccine strain) from recently vaccinated persons with febrile rash illness

California Department of Public Health, Immunization Branch

CDPH

Confirmed Measles Outbreak Case Rash Onsets – California, December 27, 2014 – April 17th, 2015, n=131

Confirmed Measles Cases* by Rash Onset Date and Transmission Setting, California, December 2014 - April 17th, 2015

- Unknown source
- Community contact to a case
- Household or close contact of a case
- Exposed at Disneyland Dec 17th-Dec 20th

Exposure at Disneyland

AZ	7
UT	3
NE	2
WA	2
CO	1
OR	1
	14

Mexico 1
Canada 159
(from single case in child who was infected at Disneyland and returned to a susceptible religious

Africa is only 6% vaccinated, and covid has practically disappeared... scientists "baffled"

11/22/2021 / By Ethan Huff / Comments

Bypass censorship by sharing this link:

NEW | https://www.afinalwarning.com/573128.html | **Copy URL**

k3tan @_k3tan · 22h

So, did we get to the bottom of who ate the bat in China?

💬 8   🔁 1   ♡ 48   ⌈°

Jikky Kjj 🐭 @JikkyKjj · 12m

Yes. Peter Daszak created the menu. Zengli Shi made the dish. The NIH booked the table and paid the bill along with a $10bn bottle of wine. When someone found out, Ed Holmes, Dominic Dwyer and Peter Doherty were summoned to bury the story.

#covidin1tweet

Katie Gibbs @katiegibbs · 10h

Well it got me. No idea where from. We all wear n95s inside. So what I can tell for sure is that I have covid because someone else wasn't wearing a mask. Tell me a again how masking is an individual choice?
#BringBackMasks
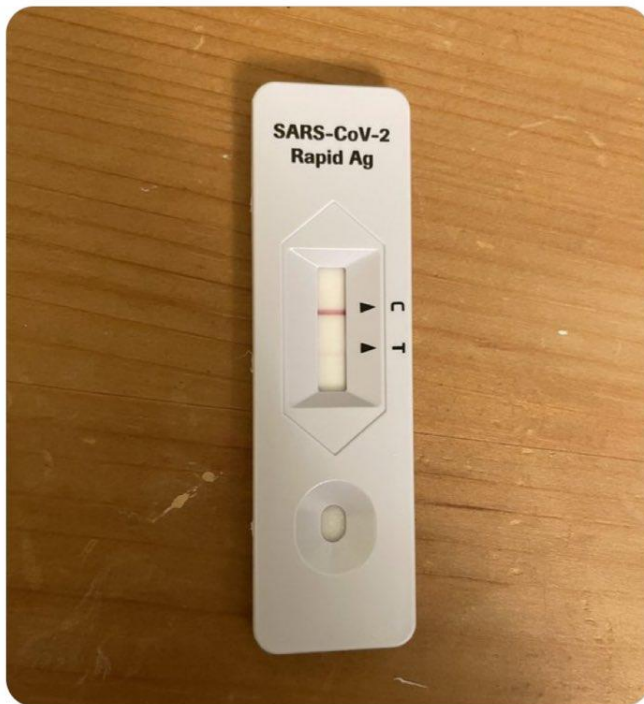
💬 3,118   🔁 941   ♡ 3,738   ⬆️

🔁 jussy 🌸 🐭 🩸 Retweeted

Lord Michael Martin 1st... · 3h

Soldier, 18, who walked besi
Queen's coffin at funeral fo
dead in barracks - The Mirror

Herbert Powell #53 🇨🇦 ... · 5h
Tested +again, despite no symptoms & wearing my N95 everywhere. It was mild last time & I'm freshly boosted so fingers crossed.

My isolated infection with no symptoms is proof masks work, this is STILL NOT OVER!

If me of all people can be asymptomatic, how is it not a pandemic?

💬 85   🔁 21   ♡ 92   ⬆️

watching workers you fired leave in vehicles you made

Position	Year	Compensation	Other	Severance	Total Compensation
President & CEO	2019	$597,618	$80,167	$0	$677,785
Vice President	2019	482362.86	65909.33	0	$548,272
VP and Chief Medical Officer	2019	480440.36	69165.27	0	$549,606
Senior Medical Director	2019	476630.3	56494.48	0	$533,125
VP and Medical Director	2019	460851.43	41610.47	0	$502,462
Zone Medical Director	2019	422000.28	27015.64	0	$449,016
VP and Medical Director	2019	416665.85	59732.48	0	$476,398
Zone Medical Director	2019	415425.17	52965.76	0	$468,391
Associate Chief Medical Officer	2019	409251.88	55598.86	0	$464,851
Vice President	2019	409187.73	58008.91	0	$467,197
Vice President	2019	385002.17	57259.98	0	$442,262
Vice President	2019	383289.33	57587.81	0	$440,877
Medical Leader	2019	378635.13	44628.35	0	$423,263
Vice President	2019	377415.11	49650.8	0	$427,066
Vice President	2019	361172.47	53211.63	0	$414,384
Senior Medical Director	2019	353550.2	51572.44	0	$405,123
Associate Zone Medical Director	2019	347878.39	33582.44	0	$381,461
Chief Program Officer	2019	343455.03	53214.91	0	$396,670
Vice President	2019	342307.98	51978.64	0	$394,287
Chief Program Officer	2019	339619.71	47873.95	0	$387,494
Chief Zone Officer	2019	325356.25	45255.27	0	$370,612
Chief Zone Officer	2019	325227.01	44300.82	0	$369,528
Vice President	2019	321627.42	46479.24	0	$368,107
Chief Program Officer	2019	317823.77	46104.96	0	$363,929
Lead Medical Officer of Health	2019	316520.86	43682.12	0	$360,203
Senior Program Officer	2019	304714.47	46974.17	0	$351,689
Medical Officer of Health	2019	302353.97	45801.08	0	$348,155
Chief Program Officer	2019	301968.94	45637.4	0	$347,606
Senior Program Officer	2019	301172.08	46086.58	0	$347,259
Chief Program Officer	2019	294136.16	42798.56	$0	$336,935
Lead Medical Officer of Health	2019	292687.32	42331.12	0	$335,018
Senior Program Officer	2019	291639.36	44305.55	0	$335,945
Lead Medical Officer of Health	2019	288741.09	42083.01	0	$330,824
Senior Operating Officer	2019	283824.42	40936.65	0	$324,761
Special Advisor	2019	282119.32	38189.08	0	$320,308
Chief Program Officer	2019	275749.7	20323.66	0	$296,073
Senior Program Officer	2019	274285.23	38699.95	0	$312,985
Senior Program Officer	2019	271621.63	40141.23	0	$311,763
Zone Medical Director	2019	270166.08	36089.64	0	$306,256
Medical Officer of Health	2019	266636.32	37785.17	0	$304,421
Medical Officer of Health	2019	264934.82	36682.56	0	$301,617
Zone Medical Director	2019	263760.7	37912.88	0	$301,674
Senior Program Officer	2019	263695.9	38887.02	0	$302,583
Senior Program Officer	2019	263472.69	41394.86	0	$304,868
Medical Officer of Health	2019	261979.29	40861.97	0	$302,841
Senior Operating Director	2019	259577.49	36107.89	0	$295,685

Rozalia Spadafora
Age 5, Myocarditis, Cardiac
Arrest, Died July 5th 2022.
Canberra, Australia

#Myocarditis

My response to Dr. Hardy
and the licensing board in
Colorado. Pause to read.

Team Halo update
& my credentials

TikTok
@ hotsciencesummer

Table 4-2. Mean concentration of radioactivity (sexes combined) in tissue and blood following a single IM dose of 50 µg mRNA/rat

Sample	Total Lipid Concentration (µg lipid equiv/g (or mL))						
	0.25 min	1 h	2 h	4 h	8 h	24 h	48 h
Adipose tissue	0.057	0.100	0.126	0.128	0.093	0.084	0.181
Adrenal glands	0.27	1.48	2.72	2.89	6.80	13.77	18.21
Bladder	0.041	0.130	0.146	0.167	0.148	0.247	0.365
Bone (femur)	0.091	0.195	0.266	0.276	0.340	0.342	0.687
Bone marrow (femur)	0.48	0.96	1.24	1.24	1.84	2.49	3.77
Brain	0.045	0.100	0.138	0.115	0.073	0.069	0.068
Eyes	0.010	0.035	0.052	0.067	0.059	0.091	0.112
Heart	0.28	1.03	1.40	0.99	0.79	0.45	0.55
Injection site	128.3	393.8	311.2	338.0	212.8	194.9	164.9
Kidneys	0.39	1.16	2.05	0.92	0.59	0.43	0.42
Large intestine	0.013	0.048	0.09	0.29	0.65	1.10	1.34
Liver	0.74	4.62	10.97	16.55	26.54	19.24	24.29
Lung	0.49	1.21	1.83	1.50	1.15	1.04	1.09
Lymph node (mandibular)	0.064	0.189	0.290	0.408	0.534	0.554	0.727
Lymph node (mesenteric)	0.050	0.146	0.530	0.489	0.689	0.985	1.366
Muscle	0.021	0.061	0.084	0.103	0.096	0.095	0.192
Ovaries (females)	0.104	1.34	1.64	2.34	3.09	5.24	12.26
Pancreas	0.081	0.207	0.414	0.380	0.294	0.358	0.599
Pituitary gland	0.339	0.645	0.868	0.854	0.405	0.478	0.694
Prostate (males)	0.061	0.091	0.128	0.157	0.150	0.183	0.170
Salivary glands	0.084	0.193	0.255	0.220	0.135	0.170	0.264
Skin	0.013	0.208	0.159	0.145	0.119	0.157	0.253
Small intestine	0.030	0.221	0.476	0.879	1.279	1.302	1.472
Spinal cord	0.043	0.097	0.169	0.250	0.106	0.085	0.112
Spleen	0.33	2.47	7.73	10.30	22.09	20.08	23.35
Stomach	0.017	0.065	0.115	0.144	0.268	0.152	0.215
Testes (males)	0.031	0.042	0.079	0.129	0.146	0.304	0.320
Thymus	0.088	0.243	0.340	0.335	0.196	0.207	0.331
Thyroid	0.155	0.536	0.842	0.851	0.544	0.578	1.000
Uterus (females)	0.043	0.203	0.305	0.140	0.287	0.289	0.456
Whole blood	1.97	4.37	5.40	3.05	1.31	0.91	0.42
Plasma	3.96	8.13	8.90	6.50	2.36	1.78	0.81
Blood:plasma ratio	0.815	0.515	0.550	0.510	0.555	0.530	0.540

FAUCI & DROEGEMEIER
SOUNDS OF SCIENCE

The Sound of Science

Hello wokeness, Fauci's friend
He's come to use you for his ends
Because decisions while you were sleeping
Produced chimaeras now world-wide creeping
And the virus that was injected, hit my vein –
Now in my brain?
Bad ideas abound in Science

There's feckless Fauci on his throne
Crowned by crisis overblown
The klaxon awakens my internment camp
My vaccine passport didn't have a stamp
And my arms were jabbed just so I could take a flight
Where are my rights?
Stolen-in the name of Science

And in the ICU's I saw
Ten thousand people, maybe more
People dying without breathing
 Early symptoms they weren't treating
Spouses not allowed one last embrace to share
'cause no one dared Restrict the bounds of Science

"Fools", said I, "You do not know
Compliance like a cancer grows
Early treatment now, I beseech you
Here's generics, that I might treat you"
But my words, like silent raindrops fell
And echoed
In the wells of Science

And Dr. Fauci bowed and prayed
to the chimaera that they'd made
'I am the science" was his warning
Quasi-species it was swarming
And Rand Paul said "The words of the doctors rang out in the Capitol's halls"
Yet Fauci stalled
And Censorship kept killing Science

Lipopeptide-based SARS-CoV-2 fusion inhibitor

EK1C4 is a lipopeptide that potently inhibits SARS-CoV-2 (and other human coronaviruses, HCoV) fusion with target cells [1]. It is derived from the EK1 peptide to which cholesterol has been covalently attached in the C-terminal, with the help of a flexible polyethylene glycol (PEG) spacer [1].

Mode of action:
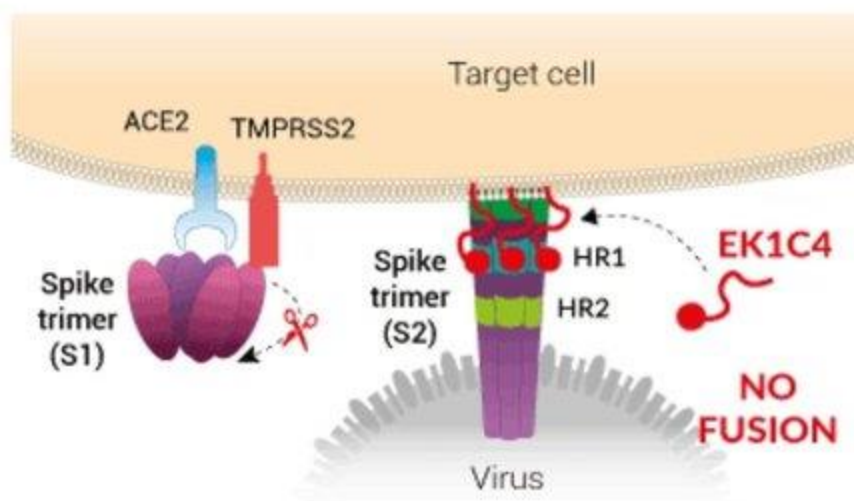
Inhibition of Spike-mediated cell fusion by EK1C4

EK1C4 binds to a region of the virus Spike (S) protein that is crucial for fusion with the target cell. EK1C4, like EK1, interacts with the heptad repeat domain 1 (HR1) in the S2 subunit of the Spike protein [1,2]. These inhibitors prevent the HR1 and HR2 trimer association to form a six-helix bundle (6-HB) which brings the viral and target cell membranes in close proximity for fusion. EK1C4 has been described as the most potent HCoV fusion/entry inhibitor among EK1 and EK1-derived molecules in cellular assays using pseudotyped or live coronaviruses [1]. It has been suggested that the cholesterol group improves the anti-viral activity of EK1C4, possibly through anchoring the inhibitor to the target membrane, or binding to the hydrophobic

Dr Teresa Kelly
@ztkelly

Obstetrician. Passionate about patient safety. Happy to help with evidence/questions about Covid vaccines in pregnancy. Views are my own
@projecthalo

💼 Medical & Health ⓘ 📍 North West, England 📅 Joined April 2009

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BioMedicine

Covid19 Vaccines and the Misinterpretation of Perceived Side Effects

Raymond Palmer, *Full Spectrum Biologics Perth, AUSTRALIA*

Follow

Abstract

In the era of Covid19 and mass vaccination programs, the anti-vaccination movement across the world is currently at an all-time high. Much of this anti-vaccination sentiment could be attributed to the alleged side effects that are perpetuated across social media from anti-vaccination groups. Fear mongering and misinformation being peddled by people with no scientific training to terrorise people into staying unvaccinated is not just causing people to remain susceptible to viral outbreaks, but could also be causing more side effects seen in the vaccination process. This brief review will offer data that may demonstrate that misinformation perpetuated by the anti-vaccination movement may be causing more deaths and side effects from any vaccine. A mini review of published literature has been conducted and found that mental stress clearly causes vasoconstriction and arterial constriction of the blood vessels. Therefore, if subjects are panicked, concerned, stressed or scared of the vaccination, their arteries will constrict and become smaller in and around the time of receiving the vaccine. This biological mechanism (the constriction of veins, arteries and vessels under mental stress) is the most likely cause for where there has been blood clots, strokes, heart attacks, dizziness, fainting, blurred vision, loss of smell and taste that may have been experienced shortly after vaccine administration. The extreme mental stress of the patient could most likely be attributed to the fear mongering and scare tactics used by various anti-vaccination groups. This paper does not aim to rule in or out every side effect seen, but it is highly likely that many apparent side effects seen shortly after a subject has received a vaccine could be the result of restricted or congested blood flow from blood vessel or arterial constriction caused by emotional distress or placebo based on fear around vaccines.

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BioMedicine

Covid 19 vaccines and the misinterpretation of perceived side effects clarity on the safety of vaccines

Raymond D. Palmer[⊠a,b]

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Abstract

Go to: ►

In the era of Covid 19 and mass vaccination programs, the anti-vaccination movement across the world is currently at an all-time high. Much of this anti-vaccination sentiment could be attributed to the alleged side effects that are perpetuated across social media from anti-vaccination groups.

Fear mongering and misinformation being peddled by people with no scientific training to terrorise people into staying unvaccinated is not just causing people to remain susceptible to viral outbreaks, but could also be causing more side effects seen in the vaccination process. This brief review will offer data that may demonstrate that misinformation perpetuated by the anti-vaccination movement may be causing more deaths and side effects from any vaccine.

A mini review of published literature has been conducted and found that mental stress clearly causes vasoconstriction and arterial constriction of the blood vessels. Therefore, if subjects are panicked, concerned, stressed or scared of the vaccination, their arteries will constrict and become smaller in and around the time of receiving the vaccine. This biological mechanism (the constriction of veins, arteries and vessels under mental stress) is the most likely cause for where there has been blood clots, strokes, heart attacks, dizziness, fainting, blurred vision, loss of smell and taste that may have been experienced shortly after vaccine administration. The extreme mental stress of the patient could most likely be attributed to the fear mongering and scare tactics used by various anti-vaccination groups.

This paper does not aim to rule in or out every side effect seen, but it is highly likely that many apparent side effects seen shortly after a subject has received a vaccine could be the result of restricted or congested blood flow from blood vessel or arterial constriction caused by emotional distress or placebo based on fear around vaccines.

Keywords: Covid 19, Vaccines, Side effects, Misinterpretation, Ischemia, Stress, Cardiovascular

MAPK Activation, P53 and Autophagy Inhibition Characterize the SARS-CoV-2 Spike Protein Induced Neurotoxicity

●●● +1   Antonis Kyriakopoulos, Greg Nigh, Peter A McCullough, Stephanie Seneff ✉ 🆔

Abstract

The SARS-CoV-2 spike protein and prions use common pathogenic pathways to induce toxicity in neurons. Infectious prions activate the p38 mitogen activated protein kinase (MAPK) pathway, and SARS-CoV-2 spike proteins induce the p38 MAPK and c-Jun NH2-terminal kinase (JNK) pathways through toll-like receptor signaling, indicating the potential for similar neurotoxicity, causing prion and prion-like disease. In this review we analyze the roles of autophagy inhibition, elevated intracellular p53 levels and reduced Wild-type p53-induced phosphatase 1 (Wip1) and dual-specificity phosphatase (DUSP) expression in neurons. The pathways induced by the spike protein via toll like receptor activation induce both PrP^C upregulation and β amyloid expression. Through the spike-protein-dependent elevation of p53 levels via β amyloid metabolism, increased PrP^C expression can lead to PrP misfolding and impaired autophagy, generating prion disease. We conclude that, according to the age of the spike protein-exposed patient and the state of their cellular autophagy activity, excess sustained activity of p53 in neurons may be a catalytic factor in neurodegeneration. We conclude that neurodegeneration is in part due to intensity and duration of spike protein exposure, patient age, cellular autophagy activity, and activation, function and regulation of p53. Finally, the neurologically damaging effects can be cumulatively spike-protein dependent, whether exposure is by natural infection or, more substantially, by repeated mRNA vaccination.

Recent neurotoxicity studies indicate that the SARS-CoV-2 S1 subunit induces neuro-inflammation in microglial cells, a special type of macrophage in the central nervous system (CNS) [10,11]. The neuroinflammatory response is mediated by p38 MAPK and nuclear factor κ-light chain enhancer of activated B cells (NF-κB) activation, mainly through the pattern recognition receptor TLR4. In addition, the SARS CoV-2 S1 subunit elicits a pro-inflammatory response in murine and human macrophages by activating TLR4 receptor signaling. In this signaling process, both JNK and p38 are activated by phosphorylation [12]. It is important to note that infectious prions also activate the p38 MAPK pathway to induce their neurotoxicity effects [13]. The spike protein has prion-like characteristics that may contribute to its neurotoxicity. We will return to this topic in great detail later.

Central to promotion of prion and prion-like disease is the induction of γ-secretase metabolism of the APP sequence, which, through BACE-1, yields the AIDC sequence, a highly potent transcriptional activator of the *TP53* gene. This disease-prone metabolic state is induced through p38 MAPK activation in neurons. Therefore, the SARS-CoV-2 spike protein can be a re-enforcing toxicity factor, since it induces both p38 MAPK and JNK activation which subsequently will provide a surplus of activated p53. The activation of p53 is potentially further enforced through concurrent Wip1 deactivation by JNK-p53-induced miR-16 expression. Decreased degradation of p53 via the UPS and autophagy due to oxidative damage to the p62 promoter further enhances the risk to induction of neuronal apoptosis.

We propose that age-related impairments in autophagy may predispose towards increased risk to cognitive issues associated with the ability of the spike protein to behave as a prion-like protein, triggering misfolding of PrP and other amyloidogenic proteins. The spike protein has been shown to induce an inflammatory response in microglia, which can lead to oxidative stress and DNA damage. Through MAPK activation via TLR4 receptors, as well as JNK activation, the spike protein can be expected to suppress key phosphatases that normally would restore cellular homeostasis following p53 activation via MAPK. Sustained p53 phosphorylation in neurons can induce PrP conversion to PrP^{SC}. The precipitation of misfolded PrP into fibrils causes a loss-of-function pathology, and subsequent catastrophic autophagy failure ultimately leads to programmed cell death (apoptosis) and resulting neurological symptoms and accelerated senescence.
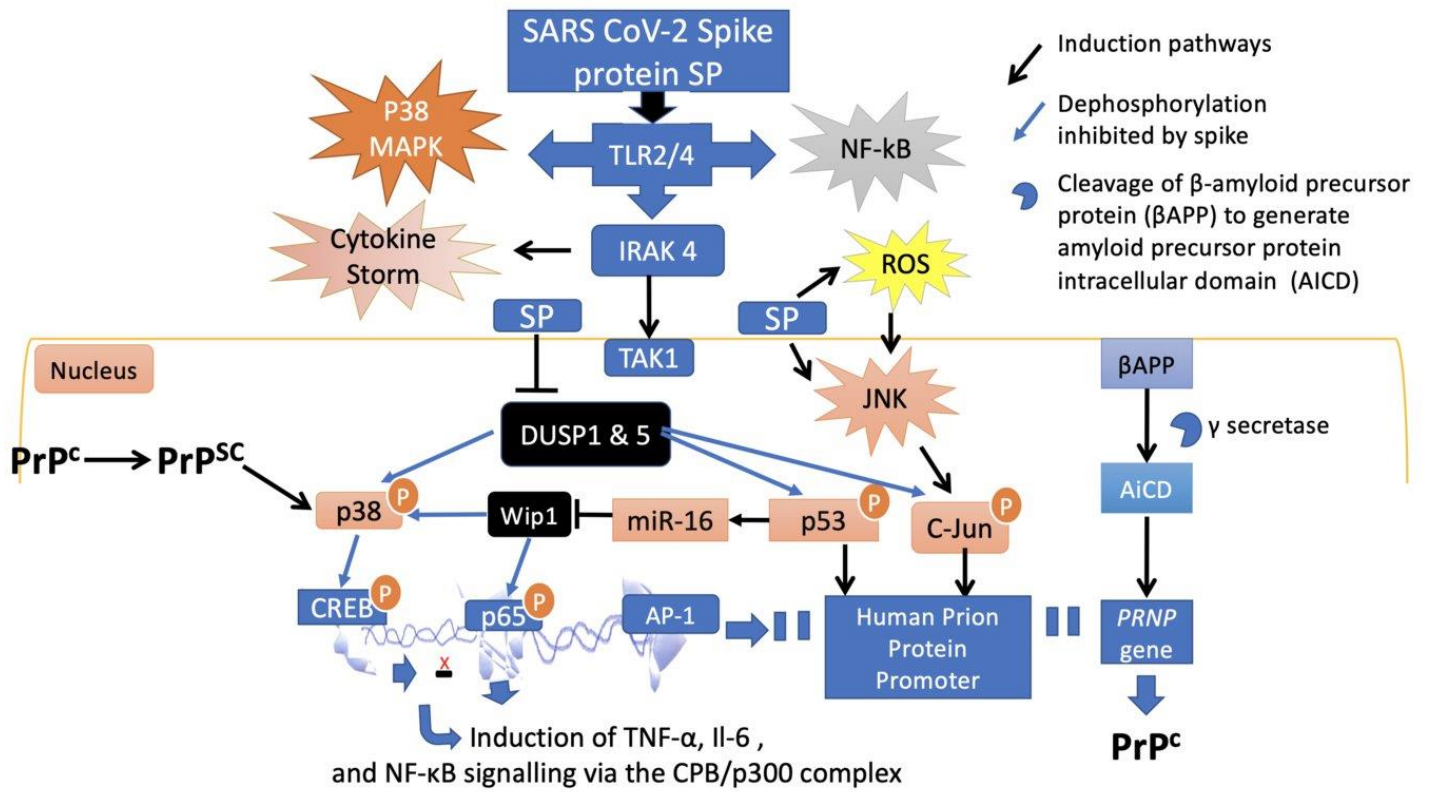
REVIEW ARTICLE | 🔒 Open Access | (cc) (i) (=) (S)

Aging clocks & mortality timers, methylation, glycomic, telomeric and more. A window to measuring biological age

Raymond D. Palmer ✉

CONFLICTS OF INTEREST

Raymond D. Palmer is Chief Science Officer of Full Spectrum Biologics, Science of Aging; host of *The Longevity Experts* television show; and author of *The Anti-Aging Toolkit*. He holds multiple patents in biotech.
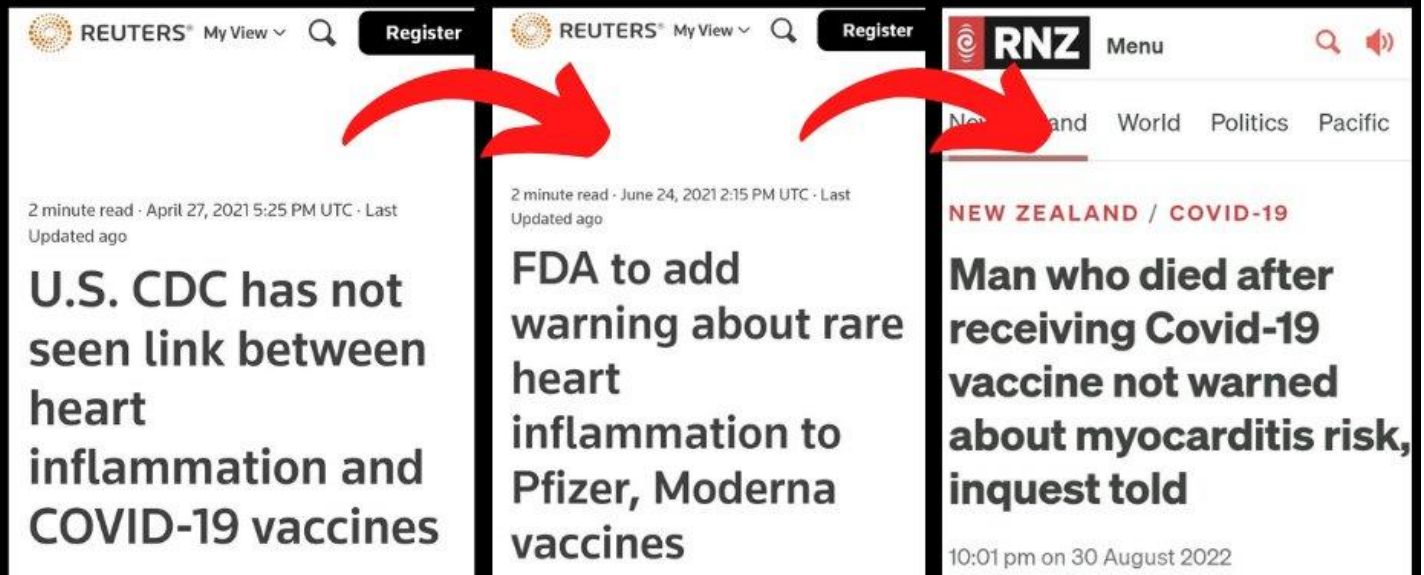
AUTHOR CONTRIBUTIONS

Raymond D Palmer is the sole author of this work.

IF YOU'VE BEEN PAYING
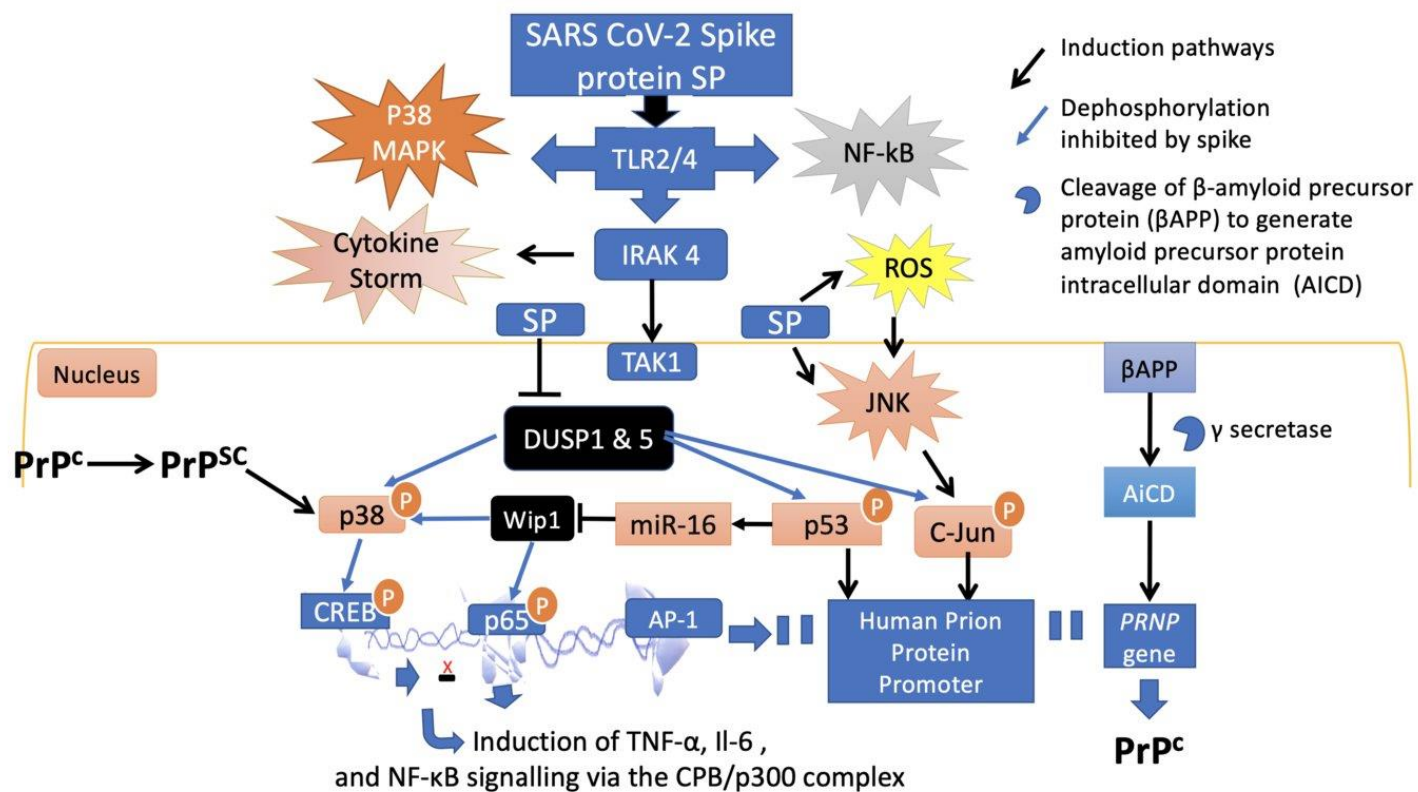
How many 'medical experts' are guilty of the crimes of:

- injecting coerced people under duress
- not gaining informed consent for a medical experiment

REUTERS My View ∨ Q Register

2 minute read · April 27, 2021 5:25 PM UTC · Last Updated ago

U.S. CDC has not seen link between heart inflammation and COVID-19 vaccines

REUTERS My View ∨ Q Register

2 minute read · June 24, 2021 2:15 PM UTC · Last Updated ago

FDA to add warning about rare heart inflammation to Pfizer, Moderna vaccines

RNZ Menu Q

New ...and World Politics Pacific

NEW ZEALAND / COVID-19

Man who died after receiving Covid-19 vaccine not warned about myocarditis risk, inquest told

10:01 pm on 30 August 2022

@unmasking_media

ARCHETYPES
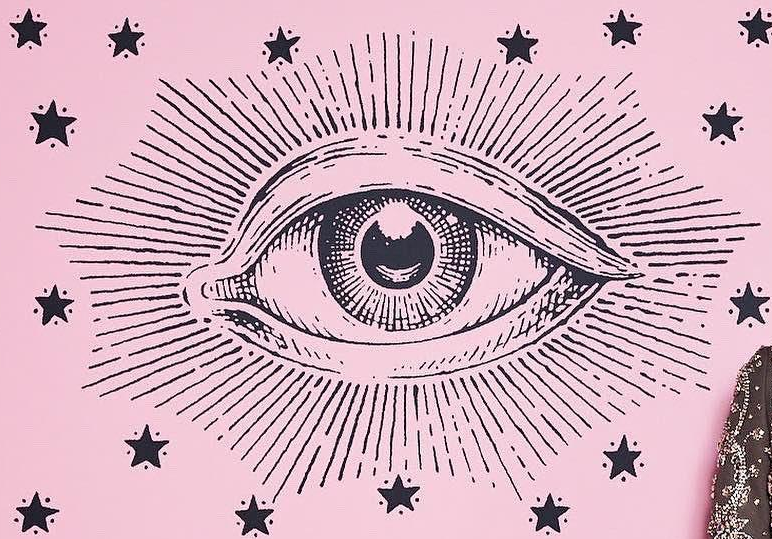
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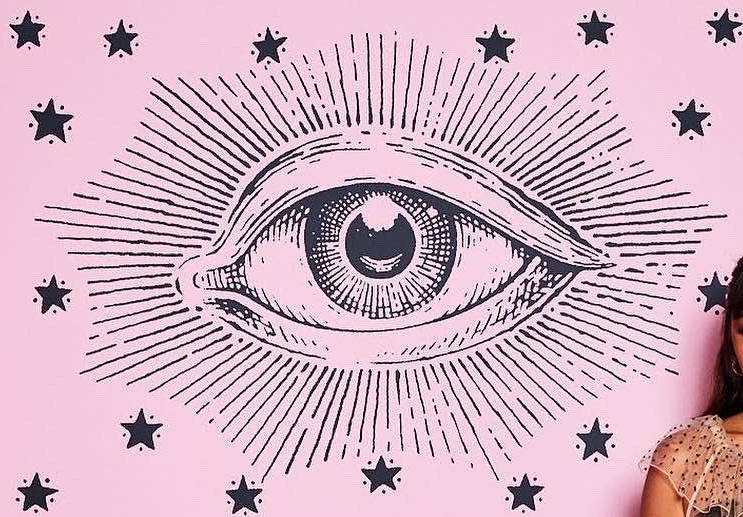
SYDNEY

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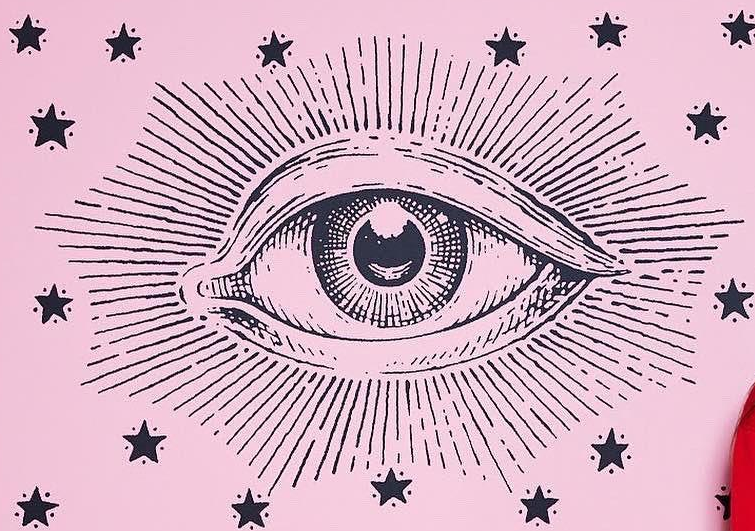
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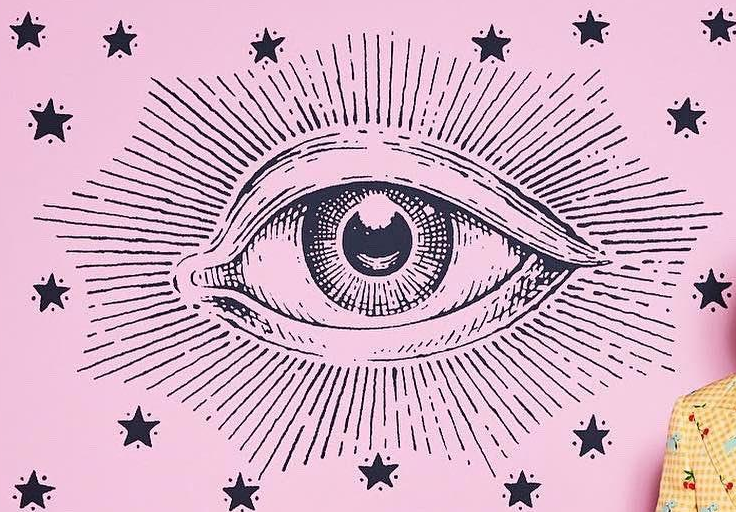
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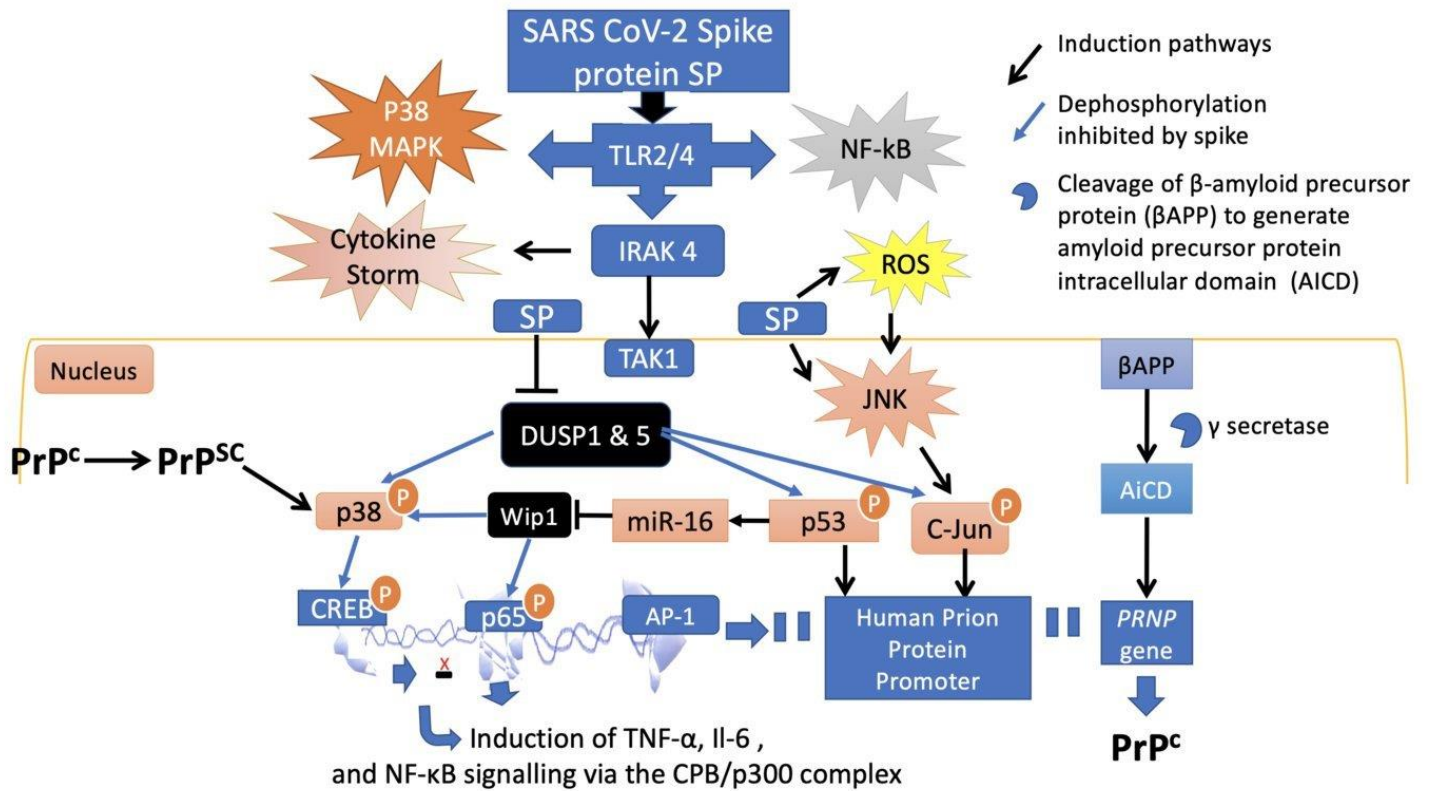
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INSIDE HUNTER BIDEN'S LAPTOP
CBS NEWS OBTAINS LAPTOP DATA PURPORTEDLY BELONGING TO PRESIDENT'S SON

FOX NEWS
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HARVARD REQUIRING COVID BOOSTERS & FLU SHOT
THE INGRAHAM ANGLE

THE INGRAHAM ANGLE
SET YOUR DVR
WEEKNIGHTS 10PM ET

Rob Hughes
@R_Hughes1

People who say @domjoly isn't funny (anymore) are waaaaay out of line. This is his best work yet. 🤣

> **Dom Joly** ✔ @domjoly · 3h
>
> Replying to @n_equals_42 @apsmunro and @SwaledaleMutton
>
> I don't- that's why I listen to experts like @SwaledaleMutton and not cranks with an agenda

3:38 AM · Nov 22, 2022 · Twitter Web App
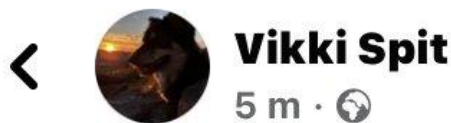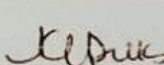
‹   **Vikki Spit**   **•••**
5 m · 🌐

Pursuant to Regulation 9 of the Coroners (Investigations) Regulations 2013

DEATH	Ref.	8145652 - 2021
Name and Surname Zion XXX	Sex	Male
	Maiden name	
Date and Place of Birth		

19 May 2021
Royal Victoria Infirmary Queen Victoria Road Newcastle upon Tyne

Date Investigation Commenced
26 May 2021

1a   Increased Intracranial Pressure leading to Irreversible Brain Injury

1b   Thrombosis of Intracranial Venous Sinuses with secondary Haemorrhage and swelling of the Brain

1c   Complicatons of Astra Zeneca Covid-19 Virus Vaccination

II

I certify that in accordance with my statutory duty, I have commenced an investigation into the death of the above named.

[signature] | Date   26 May 2021

Karen Dilks

H M Senior Coroner for Newcastle upon Tyne Coroners

The Registrar of Deaths cannot issue a Death Certificate until the Investigation has been completed.

---

f   **Visit the COVID-19 Information Centre for vaccine resources.**   ✕

Get Vaccine Info

📷   Write a comment...   💬   GIF   ☺

IF YOU'VE BEEN PAYING ATTENTION RECENTLY,

FTX Funded $18 Million Towards Research that Claimed that Ivermectin and Hydroxychloroquine Didn't Work Against COVID

DR. WALENSKY

DAVIES, Sally Claire, Professor Dame

Correspondence address

Dawson Hall, Charterhouse Square, London, England, EC1M 6BQ

Role RESIGNED	Date of birth	Appointed on	Resigned on
Director	**November 1949**	**13 August 2013**	**31 March 2020**

Nationality	Country of residence	Occupation
British	**England**	**Chief Medical Officer And Chief Scientific Adviser**

UK Special Envoy on Antimicrobial Resistance

Professor Dame Sally Davies

Biography

Professor Dame Sally Davies GCB DBE FRS FMedSci is the UK Special Envoy on Antimicrobial Resistance (AMR).

Before this, she was Chief Medical Officer (CMO) for England and Chief Medical Adviser to the UK government from March 2011 to September 2019, having held the post on an interim basis since June 2010.

Dame Sally advocates globally on AMR. She is a leading figure in global health, having served as a member of the World Health Organisation (WHO) Executive Board 2014-2016, and as co-convener of the United Nations Inter-Agency Co-ordination Group (IACG) on Antimicrobial Resistance (AMR), which reported to the United Nations Secretary General in 2019.

Dame Sally has long represented the UK internationally on the subject of AMR, most recently at the G7 Health Ministers' Meeting (2021), COP26 Summit in Glasgow (2021), and the United Nations High-Level Interactive Dialogue on AMR (2021). As CMO, Dame Sally co-led a global campaign to bring the issue of AMR to the 71st United Nations General Assembly in New York, leading to 193 countries agreeing the landmark 2016 Political Declaration on AMR.

Contents

— Biography
— Role
— Previous roles
— Announcements

1. What happens to patients' data after it has been sequenced? Where will their data be stored?

—

Once our sequencing partner Illumina sequenced patients' whole genomes, they sent this data to Genomics England. We then stripped identifiable, personal data from this, and the de-identified genomic data is stored in our secure database, the National Genomic Research Library. Only validated researchers with express permission are allowed to access the raw data.

This data is protected to the same high standards as the data collected from the 100,000 Genomes Project.

BGI AU Contributes to Safeguarding Queensland from COVID-19

June 17, 2021 | 2021, COVID-19, Statement
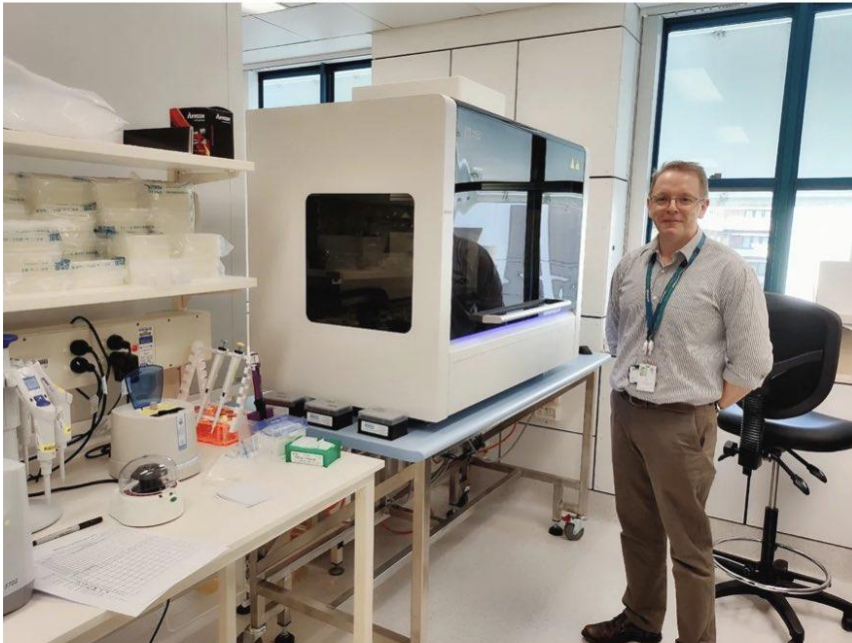
Dr. Ian Mackay, Senior Molecular Scientist, IDL

BRISBANE, 17th Jun, 2021

Amid the growing concern from the emergence of the highly contagious COVID-19 Delta variant in Victoria,

BGI's proprietary COVID-19 Testing Solution installed in the [Pathology Queensland Infectious Diseases Lab](#) (IDL) in Herston Health Precinct has officially started operation in April by running saliva samples that are collected from across the river city. After two weeks the lab added nasopharyngeal or oropharyngeal samples into the pipeline. The "BGI system", dubbed by the lab staff, surpassed the 10,000-test milestone in less than a month. The integrated system is expected to handle 4,700 tests daily at the maximum capacity, with a 24-hour turnaround time from swab collection at a clinic or hospital, to reported result.

Dr. Ian Mackay, the IDL's Senior Molecular Scientist said, "our approach is to establish a diverse portfolio of advanced technologies to best serve Queenslanders. We appreciate how quickly the BGI team respond to our ongoing technical needs and how efficiently the equipment and testing kits were supplied. We are handling approximately 1,100 tests per day as there is no community transmission the Brisbane region, but the number process continues to grow and we are
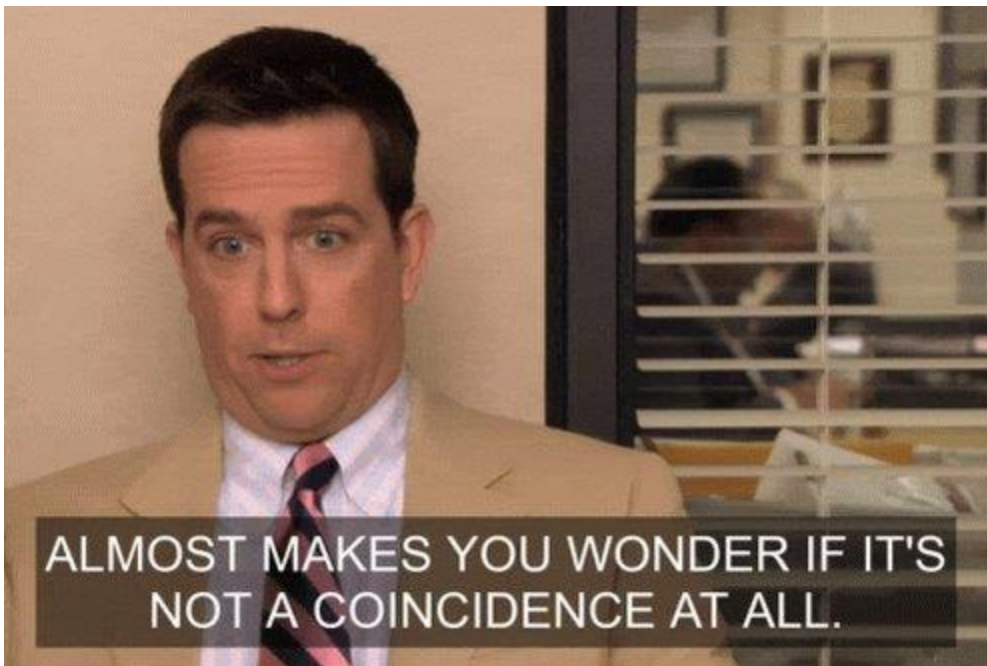
ALMOST MAKES YOU WONDER IF IT'S
NOT A COINCIDENCE AT ALL.

Multiple Layers Improve Success

𝕋 | Published 2020

The Swiss Cheese Respiratory Pandemic Defense recognizes that
is perfect at preventing the spread of the coronavirus. Each intervention (layer) has holes.

CCP

Covid
test

Personal responsibilities

Shared responsibilities

Physical distance,
stay home if sick

Hand hygiene,
cough etiquette

If crowded,
limit your time

Ventilation, outdoors,
air filtration

Quarantine
and isolation

BGI

Masks

Avoid touching
your face

Fast and sensitive
testing and tracing

Government messaging
and financial support

Vaccines
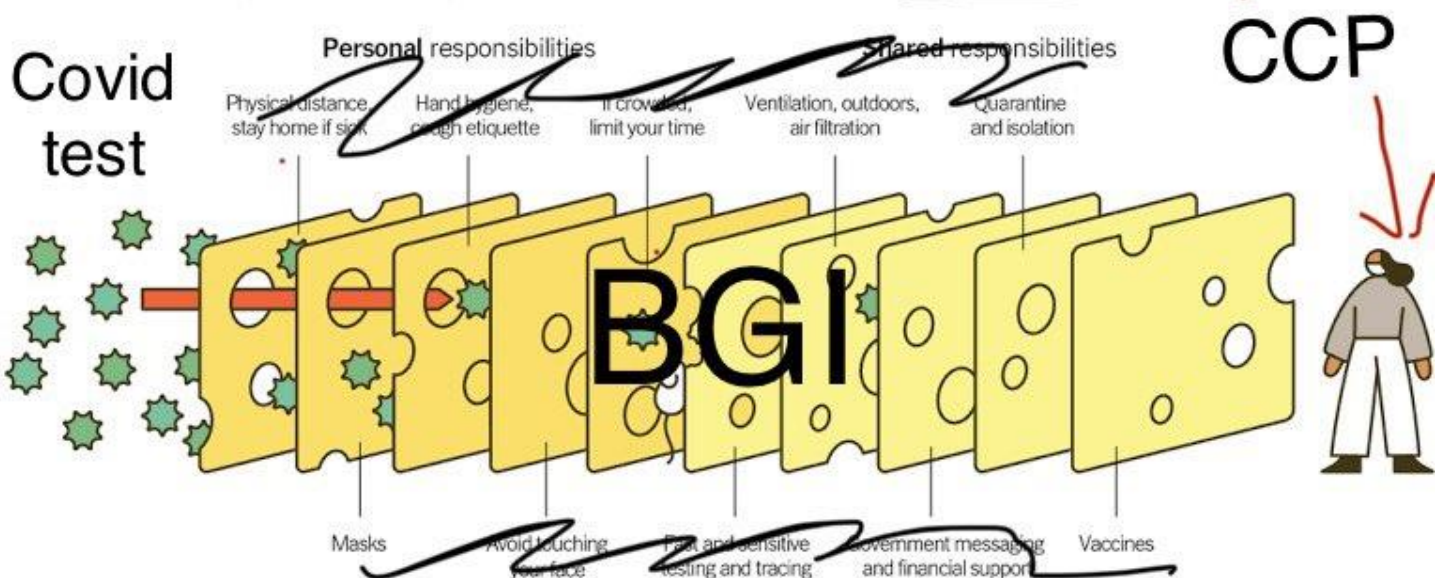
Source: Adapted from Ian M. Mackay (virologydownunder.com) and James T. Reason. Illustration by Rose Wong

What personal data we collect

The personal data that is collected and processed to operate Test programme includes:

- full name (which included first and last name)
- date of birth
- other household members
- NHS number (for English residents only - only if you know it. Wales, Scotland and Northern Ireland residents may need to provide a different local identifier, which will be specified upon registering for a test)
- employer details
- test result status (whether positive more than 90 days ago)
- NHS Login account identifier (if you access our services using your NHS login details)
- vaccination status
- date and details of COVID-19 Symptoms
- home and delivery address (including postcode)
- postcode district
- NHS number,
- national Insurance number
- phone numbers
- email address
- gender
- vehicle registration number (if booking a drive-in testing appointment)
- job title

- passenger journey details (such as recent travel history- whether you travelled overseas in the last 14 days and the country you spent most time in)
- health data (such as your test results)
- close contact details (the name and contact details of people you have been in close contact with)
- data revealing racial or ethnic origin
- genetic data
- whether you are clinically vulnerable or require additional support

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FOI ALL THE THINGS!

imgflip.com

Cellular and Viral Mechanisms of HIV-1 Transmission Mediated by Dendritic Cells

Christopher M. Coleman, Ph.D., Corine St Gelais, Ph.D., and Li Wu, Ph.D.

▸ Author information ▸ Copyright and License information ▸ Disclaimer

molecules required for interactions with CD4$^+$ T cells on the DCs ([Iwasaki and Medzhitov 2004](#)). In the study of HIV-1 interactions with DCs, LPS activation of DCs is important because there is an association between gram-negative bacterial translocation and high levels of LPS in the serum and the systemic immune activation observed in chronic HIV-1 infection ([Brenchley et al. 2006](#)). In addition, there is a possibility of coinfection with gram-negative bacteria along with HIV-1 infection ([Gringhuis et al. 2010](#) ; [Hernandez et al. 2011](#)), which may facilitate HIV-1 spread by enhancing LPS-stimulated maturation of DC and, therefore, DC-mediated HIV-1 transmission to CD4$^+$ T cells.

DCs and other immune cells respond to pathogens by releasing cytokin

JOK3R @Mr_Magoo5 · 24m

Replying to @VikkiSpit @lettielou05 and 7 others

this is a copy of Facebook.
we know 54 Life's have been lost. none from mRNA.
210,000 have died from the virus in the UK. If this is your partner. I feel
sorry for your lost. do you feel sorry for the 210,000 deaths from the virus.
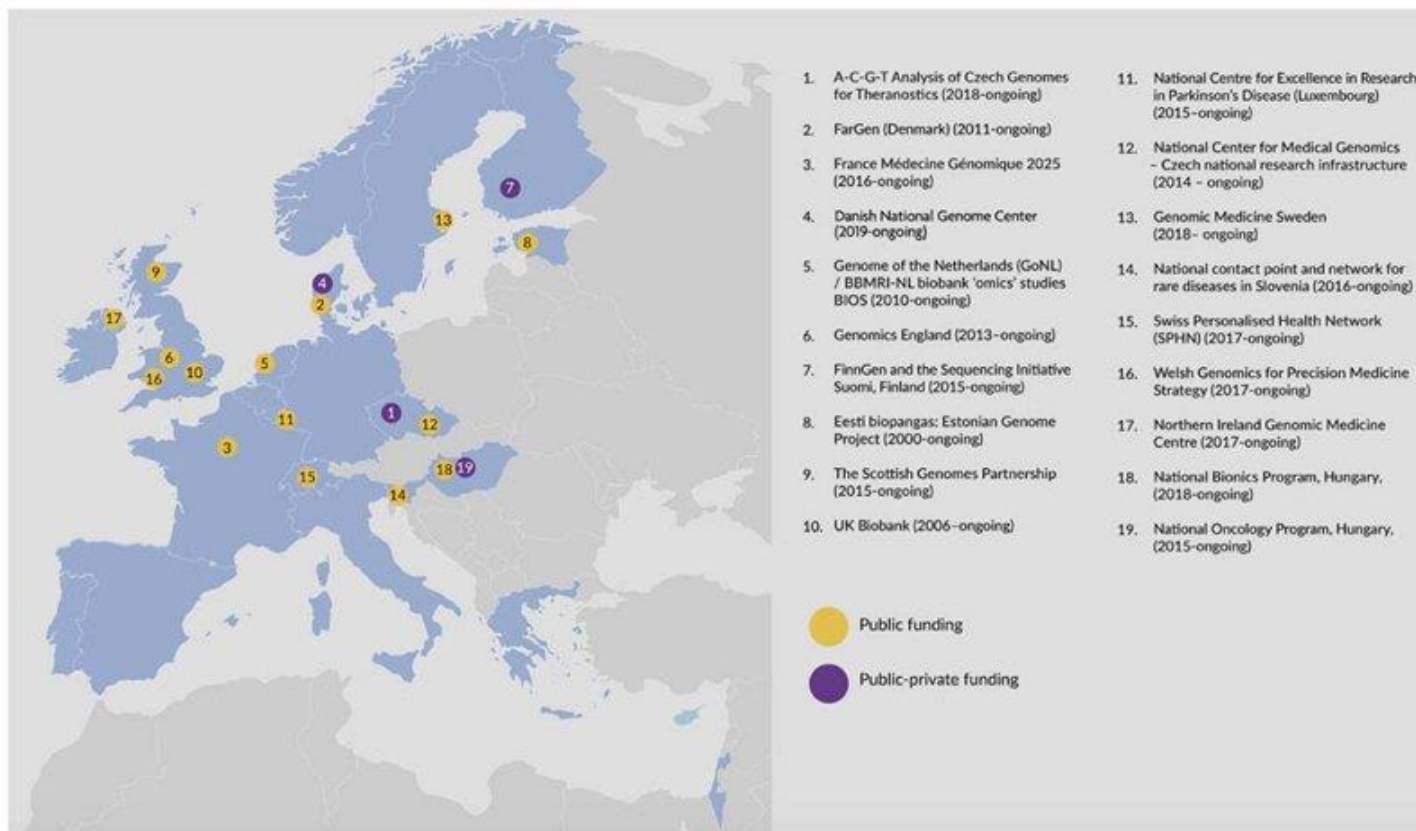and counting. Without the the vaccine.

♡ 2

JOK3R @Mr_Magoo5 · 22m

Replying to @Mr_Magoo5 @VikkiSpit and 8 others

many more would have died.
could be near 1 million.

♡ 1

1. A-C-G-T Analysis of Czech Genomes for Theranostics (2018-ongoing)
2. FarGen (Denmark) (2011-ongoing)
3. France Médecine Génomique 2025 (2016-ongoing)
4. Danish National Genome Center (2019-ongoing)
5. Genome of the Netherlands (GoNL) / BBMRI-NL biobank 'omics' studies BIOS (2010-ongoing)
6. Genomics England (2013-ongoing)
7. FinnGen and the Sequencing Initiative Suomi, Finland (2015-ongoing)
8. Eesti biopangas: Estonian Genome Project (2000-ongoing)
9. The Scottish Genomes Partnership (2015-ongoing)
10. UK Biobank (2006-ongoing)
11. National Centre for Excellence in Research in Parkinson's Disease (Luxembourg) (2015-ongoing)
12. National Center for Medical Genomics – Czech national research infrastructure (2014 – ongoing)
13. Genomic Medicine Sweden (2018- ongoing)
14. National contact point and network for rare diseases in Slovenia (2016-ongoing)
15. Swiss Personalised Health Network (SPHN) (2017-ongoing)
16. Welsh Genomics for Precision Medicine Strategy (2017-ongoing)
17. Northern Ireland Genomic Medicine Centre (2017-ongoing)
18. National Bionics Program, Hungary, (2018-ongoing)
19. National Oncology Program, Hungary, (2015-ongoing)

Public funding

Public-private funding

Dr Ah Kahn Syed Writes Arkmedic's blog 7 hr ago ♥ Liked by Maryanne Demasi, PhD

Well done Maryanne, this needed saying.

I'd point out to the detractors

(i) Kevin does a great analysis of the LEVELS of modRNA in the breast milk and how they essentially amount to ONE ADULT DOSE to a neonate.

https://anandamide.substack.com/p/nursing-the-nerf/comments

(ii) The LNP traverses the neonatal gut (because that's what lipids do, duh) and takes the mRNA with it. Those people who think that this is naked mRNA are either deluded or intentionally disingenuous (there are many of them). Ergo, this is delivering a SYSTEMIC dose of LNP-mRNA to the neonate.

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2885142/

But, the mothers knew that when they consented, right?

♡ 5   Reply   Collapse

Monthly Excess Mortality in August 2022

(% difference versus average monthly deaths in 2016-2019)
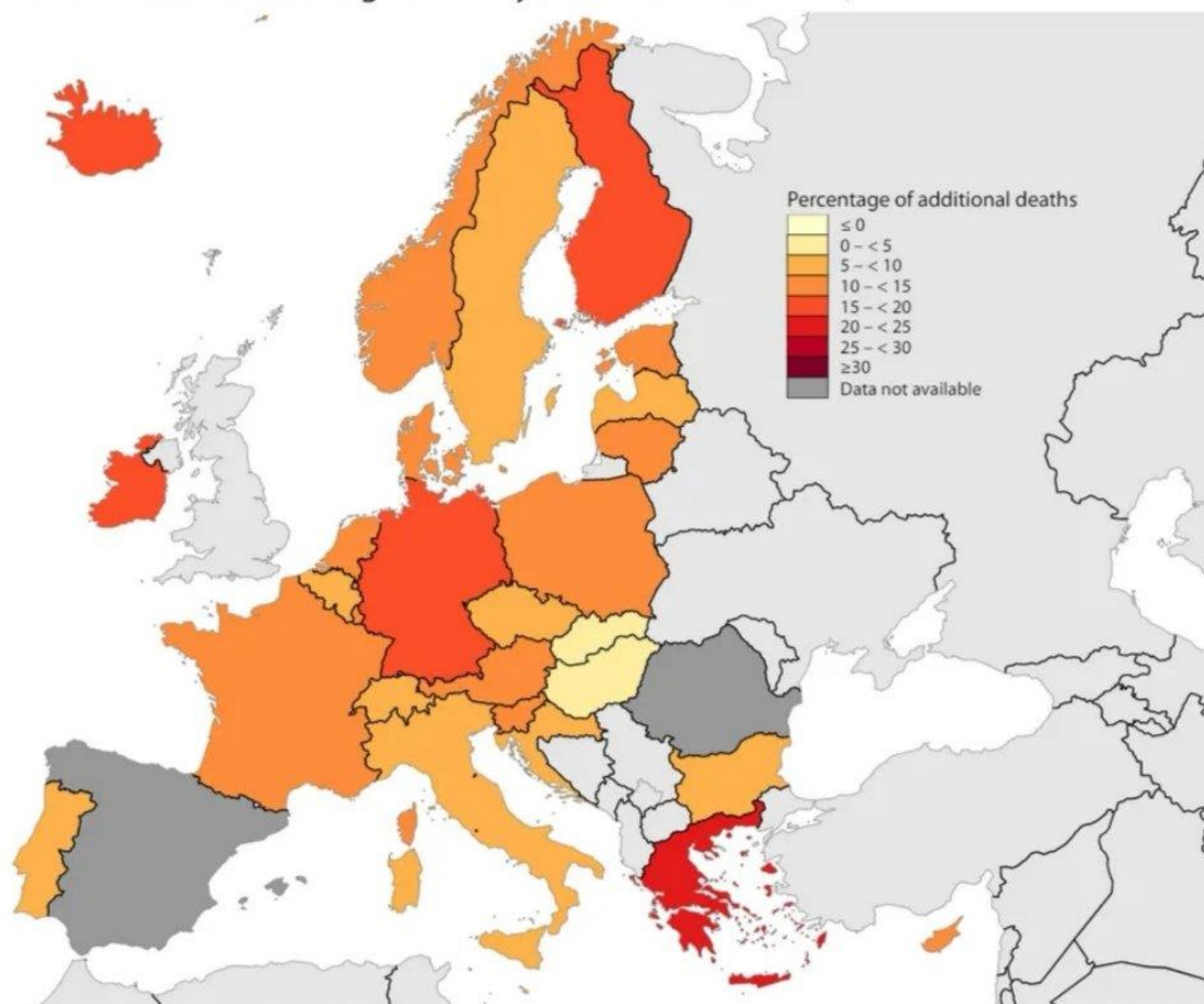
Percentage of additional deaths

- ≤ 0
- 0 – < 5
- 5 – < 10
- 10 – < 15
- 15 – < 20
- 20 – < 25
- 25 – < 30
- ≥30
- Data not available

Excess mortality is expressed as percentage of additional mortality compared to the baseline period (2016-2019)
Source: Eurostat (online data code: demo_mexrt)

Administrative boundaries: © EuroGeographics © UN–FAO © Turkstat
Cartography: Eurostat – IMAGE, 10/2022

ec.europa.eu/**eurostat**

EXPRESS

NEWS ROYAL CELEBRITY TV SPORT FINANCE

Life & Style > Health

Heart attack: Does skipping breakfast increase your risk?

Lonely older women at greater risk of heart attack, study shows

CNN health

Climate change could hurt babies' hearts, study says

Mail Online

Expert warns that shoveling snow can be a deadly way to discover underlying cardiovascular conditions as straining the heart with physical activity could cause sudden death

127 201

THE SUNDAY TIMES

THE IRISH TIMES

NEWS > HEALTH CORONAVIRUS

Physical activity may increase heart attack risk, study suggests

New findings do not outweigh health benefits of exercise, researchers emphasise

LISTEN NOW

Rise in heart attacks attributed to pandemic stress and poor diet

EXPRESS

Heart attack: The drink that could trigger a 'sudden' cardiac arrest – 'catastrophic'

NEW YORK POST

The little-known heart attack that's striking 'fit and healthy' women as young as 22

Daily Mail MORE STORIES

Do YOU live under a flight path? You may be at risk of a heart attack: Study finds rates are 70 PER CENT higher in noisiest areas

By John Ely Senior Health Reporter For Mailonline

The Guardian

Sport Culture Lifestyle

Hotter nights increase risk of death from heart disease for men in early 60s

Sun Menu

Health > Wellbeing

GREEN FINGERS Urgent warning to gardeners as soil 'increases risk of killer heart disease'

NEW YORK POST

Falling asleep with the TV on could bring early death: study

By Andrew Court
June 28, 2022

#micevsmutton

On 9 Feb 2020, at 6:52 am, Drosten, Christian [REDACTED] (b) (6) wrote:

Dear All,

I am overloaded with nCoV patient-related work and will need a few days before I can work on this text.

Can someone help me with one question: didn't we congregate to challenge a certain theory, and if we could, drop it? This whole text reads as if the hypothesis was obvious, or was brought up by some external source, forcing us to respond. Is this the case? It does not seem as if this was linked to the HIV nonsense.

Who came up with this story in the beginning? Are we working on debunking our own conspiracy theory?

Christian

--

Professor Christian Drosten
Director, Institute of Virology
Scientific Director, Charité Global Health

From: Marion Koopmans (b) (6)
Date: Sunday, 9 February 2020 at 20:07
To: "Kristian G. Andersen" (b) (6), "Drosten, Christian"
(b) (6), Jeremy Farrar (b) (6), Edward Holmes
(b) (6), "a.rambaut@ed.ac.uk" (b) (6)
(b) (6)
(b) (6)
, Francis Collins (b) (6) (b) (6)
(b) (6)>, Josie Golding (b) (6), Mike Ferguson
(b) (6)
Subject: Re: [ext] 2019 N-CoV

Wow....took off from e-mail for a day.....

As mentioned to Jeremy, I would not be in favour of publishing something specific on the lab escape hypothesis, because I agree (with Kristian) that this could backfire. Yes, there is speculation in the public domain, triggered by several papers, including the rubbish ones. By zooming in on a specific finding that is NOT in the public domain as far as I know, I think this will generate its own conspiracy theories.

So if published, I would suggest zooming out a bit for starters, describing that one of the key challenges is where this virus came from, discuss some of the (wild) guesses out there, and then argue step by step what the challenges are in inferring this from sequence data, where you do not know exactly what the pool is that you are sampling from, so end up interpreting the needle drawn out of a haystack. Here, the many pieces of the discussion that passed by these last few days can be included, like rates of evolution and dating of possible origins; examples of cleavage site acquisition from other viruses, recombination in

coronavirus evolutionary history, possible abrupt changes in spillover events, ability to confirm or disproof things in vitro. etc

And I would leave "lab escape" for the discussion, because putting that in the public domain as a hypothesis in my view will be read as "see, they also thought so"
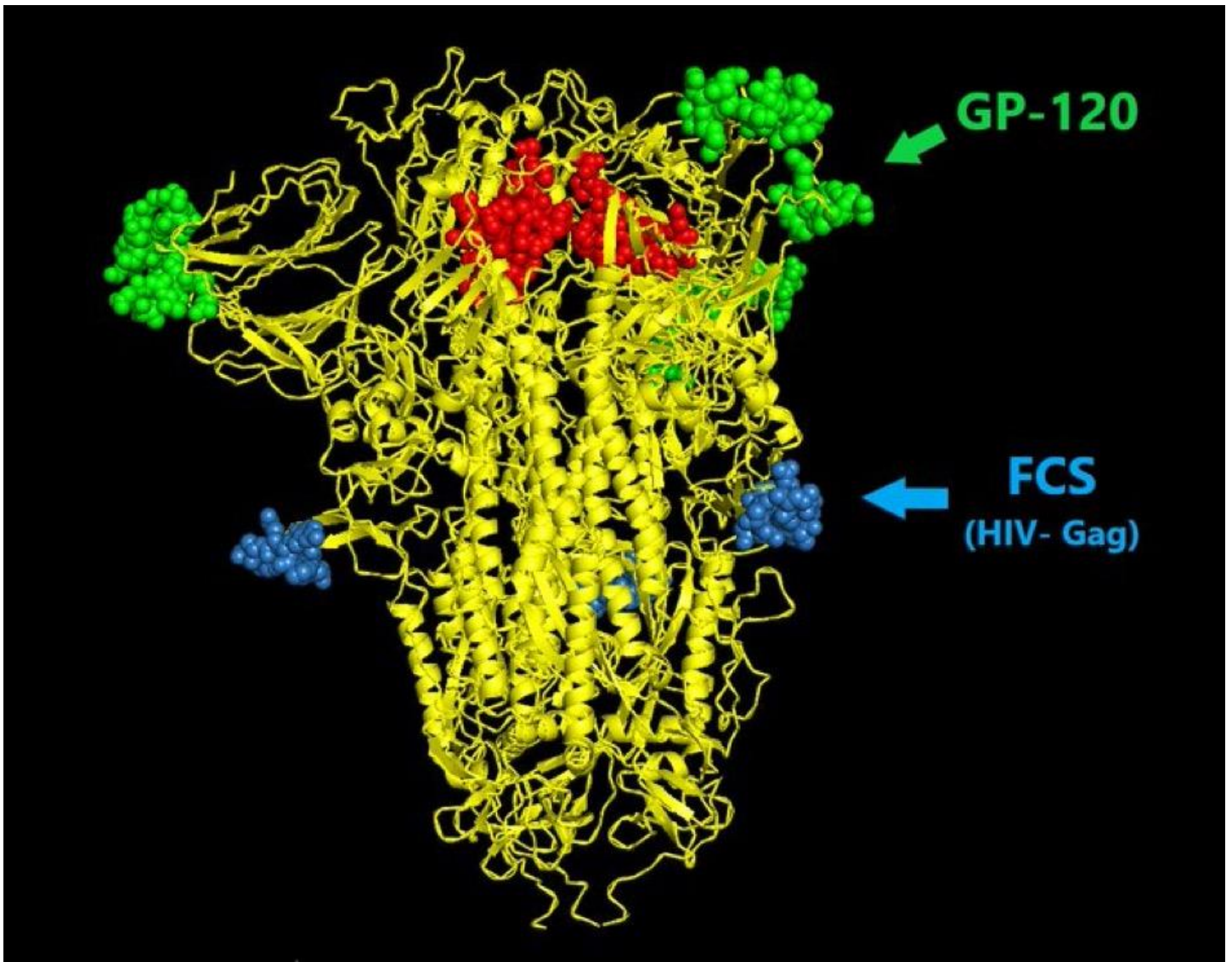
Marion

4) *Redactions* - When did you first learn of the existence of the furin cleavage site within the genome of SARS-CoV-2 -What were the insert/backbone referred to by Marion Koopmans? Was the insert the FCS? Why were emails with the topic heading "humanized mice" redacted?

Let me *'recombine'* these queries into a single thematic question: Why did the world's leading virologists/microbiologists and top American/UK officials refrain from releasing their knowledge of the existence of the FCS when they first learned of it? The FCS is so good at increasing pathogenicity that it's the specific insertion typically added by labs worldwide for such experiments. In fact, much has been made of the omission of that specific segment of the genome in the WIV's landmark paper introducing the likely connection between SARS-CoV-2 and its purported 'predecessor RaTG13.

What possible justification could there have been to ignore the FCS, other than limit discussion during the early phase of their censorship? And what effect might that have had on our doctors' ability to characterize the virus?

GP-120

FCS
(HIV- Gag)

Bangolin

Jeremy:

I just got off the phone with Kristian Anderson and he related to me his concern about the Furine site mutation in the spike protein of the currently circulating 2019-nCoV. I told him that as soon as possible he and Eddie Holmes should get a group of evolutionary biologists together to examine carefully the data to determine if his concerns are validated. He should do this very quickly and if everyone agrees with this concern, they should report it to the appropriate authorities. I would imagine that in the USA this would be the FBI and in the UK it would be MI5. It would be important to quickly get confirmation of the cause of his concern by experts in the field of coronaviruses and evolutionary biology. In the meantime, I will alert my US. Government official colleagues of my conversation with you and Kristian and determine what further investigation they recommend. Let us stay in touch.

Best regards,

Tony

親愛なるジェレミー、ロン、そしてみんなへ。

昨日はお電話ありがとうございました。私はこれについても不可知論者です-私は実験室でのウイルス学の経験がなく、その文脈でそれが可能性が高いかどうかはわかりません．（自然な）進化論の観点から、ここで私が珍しいと思う唯一のことは、フリン切断部位です.このウイルスの起源に重要な何かが欠けていることを強く示唆しています。私の傾向としては、この機能がそのホストで選択されたため、この機能が発生したのは欠落したホスト種であるということです.この挿入により、人間に非常に適したウイルスがもたらされたことがわかります。また、コウモリ種での感染には最適ではないことも推測できます。

日付: 2020 年 2 月 2 日 (日) 09:38

To: ジェレミー・ファラー ███████ (ロ) (6)

CC: ████████████████ (b)(6) 「ファウチ、アンソニー (NIH/NIAID) [E]」

████████ (b)(6)、 パトリック・ヴァランス ████ (b)(6)、 「ドロステン、

キリスト教徒" ███████ (b)(6)、 マリオン・クープマンズ ████████ (b)(6)

エドワード・ホームズ ████████████ (ロ) (6)

██████ (b)(6)、 「クリスチャン・G・アンデルセン」 ████ (b)(6)、 ポール・シュライアー

███████████████████████ (b)(6) マイケル FMedSci

███████ (b)(6) フランシス・コリンズ ████████ (ロ) (6)

████████████ (ロ (6 ジョシー・ゴールディング

<J.Golding@wellcome.ac.uk>

件名: Re: 電話会議

親愛なるジェレミー、ロン、そしてみんなへ。

昨日はお電話ありがとうございました。私はこれについても不可知論者です-私は実験室でのウイルス学の経験がなく、その文脈でそれが可能性が高いかどうかはわかりません.（自然な）進化論の観点から、ここで私が珍しいと思う唯一のことは、フリン切断部位です.このウイルスの起源に重要な何かが欠けていることを強く示唆しています。私の傾向としては、この機能がそのホストで選択されたため、この機能が発生したのは欠落したホスト種であるということです.この挿入により、人間に非常に適したウイルスがもたらされたことがわかります。また、コウモリ種での感染には最適ではないことも推測できます。

代替案としては、それが人間の集団発生の初期に発生し、おそらく隠れた伝染のより長い期間に発生し、現在の流行はこの突然変異の結果であるということですが、これは私にはあまりありそうにないようです (たとえば、SARS では発生しませんでした)。

おそらく、これは緊急に議論する必要があります.Twitterでのばかげた主張のためだけでなく、それが人間以外の宿主にあり、事前に適応されている場合、新しい人獣共通感染症のジャンプを通じて制御の取り組みを脅かす可能性があるためです.今）。

現時点での最大の障害は、データと情報の不足です。武漢のヒト以外の動物からのウイルスについては、1月の初めと報告よりも最近の症例について武漢からのゲノム配列はありませんでしたが、情報はありませんでした。伝染病の進化の起源が議論されるとしたら、それに対処するのに十分な情報やサンプルへのアクセスを持っているのは、武漢で働いているチームだけだと思います.

一番、

アンドリュー

アンドリュー・ランバウト on Twitter

2021 年 5 月 24 日 - Andrew Rambaut @arambaut 5 月 24 日
ウイルスの進化生物学者としての私の関心は、B.1.617.2 がより伝染性が高いかどうかを確実に知り、これを引き起こした突然変異を調べることができるようにすることです。しかし... 決定を下さなければならない人々にとって、重要なのはリスクと結果です。 4 返信 12 リツイート 109 いいね 4 12 109

Andrew Rambaut on Twitter: "キックオフするために、私は約 t からデータセットを取得しました...

Andrew Rambaut on Twitter: "最初に、ほぼ同時期のデータセットを取得しました (156 のゲノムを持つ 4 月 2 日の GISAID データです)。RaTG13 バット ウイルスを追加し、ツリーを構築しました (この場合は、ML ツリーを使用してJC69). 赤い点はコウモリで、枝は約 1200 の変異を表しています.... https://t.co/Bfjz8pNbsG"
Andrew Rambaut @arambaut

アンドリュー・ランバウト 49 on Twitter

Andrew Rambaut @arambaut 2020 年 4 月 9 日 1 つ目は、コウモリ ウイルス RaTG13 を使用して SARS-CoV-2 ツリーを根付かせようとするものです。これは最も近い非ヒトウイルスですが、それでも SC2 とは 1100 を超えるヌクレオチドの違いがあります。ただし、バットへの分岐は、何らかの理由でそれよりも少し短いことに注意してください。 9 返信 32 リツイート 162 いいね 9 32 162 アンドリュー・ランバウト

Andrew Rambaut 🦠🧬🌳🔮👤 on Twitter: "完全に同意します、デビッド。

Th... 24 May 2021 @arambaut Professor of Molecular Evolution | エジンバラ大学 | FRSE Edinburgh artic.network Joined July 2011 Tweets 2021 Twitter About Help Center
Terms Privacy policy Cookies Ads info Dismiss閉じる 前へ 次へ 閉じる 個人のプロフィールに移動 保存された検索条件
削除 この会話内

Andrew Rambaut on Twitter: "@Nathan Grubaugh @

Joseph Fauver @DannyJPark @EvolveDotZoo @K_G_Andersen @Gavin Newsom @ San Diego County @scrippsresearch @UCSan Diego @dmaccannell
There are over 439K と 69-70 の欠失を持つ 2700 のゲノムですが、これまでのところすべてヨーロッパにあります。有力候補にはなるけどね」

cohort study. It is possible that miR-451a and miR-192 might not be involved in immune responses caused by vaccination with BNT162b2. By contrast, we found that miR-92a-2-5p levels were negatively correlated with local and systemic scores, and miR-148a was associated with production of specific antibodies. These data suggest that miR-92a-2-5p and miR-148a are involved in immune responses to components of BNT162b2.

miR-92a-2-5p has been identified as a biomarker for small-cell lung cancer[35,36], and later studies suggested that it targeted TLR2 and suppresses TLR-2-mediated liver fibrosis[37]. Our previous microarray analysis showed that miR-92a-2-5p was a miRNA highly expressed in serum EVs of subjects[14]. Although the role of miR-92a-2-5p in the immune response after vaccination remains unclear, we prefer the interpretation that miR-92a-2-5p might reflect some unknown physical condition related to immune responses. Furthermore, miR-148a was associated with

Plasma *miR-92a-2* as a biomarker for small cell lung cancer

[Cite]

Article type: Research Article

Authors: Yu, Yalan[a; 1] | Zuo, Jiangcheng[a; b; 1] | Tan, Qian[a] | Zar Thin, Khaing[a] | Li, Ping[c] | Zhu, Man[a] | Yu, Mingxia[a; d] | Fu, Zhenming[a] | Liang, Chunzi[a] | Tu, Jiancheng[a; d; *]

Affiliations: [a] Department of Laboratory Medicine, Clinical Laboratory Medicine and Center for Gene Diagnosis, Zhongnan Hospital of Wuhan University, Wuhan, Hubei, China | [b] Department of Laboratory Medicine, Maternal and Child Health Hospital of Yiling, Yichang, Hubei, China | [c] Division of the Tumor Radiation and Chemotherapy, Zhongnan Hospital of Wuhan University, Wuhan, Hubei, China | [d] School of Laboratory Medicine, Hubei University of Traditional Chinese Medicine, Wuhan, Hubei, China

Correspondence: [*] Corresponding author: Jiancheng Tu, Department of Laboratory Medicine, Clinical Laboratory Medicine and Center for Gene Diagnosis, Zhongnan Hospital of Wuhan University, Wuhan, Hubei, China. Tel.: +86 27 6781 2989; Fax: +86 27 6781 2989; E-mail:jianchengtu@whu.edu.cn

Note: [1] These authors contributed equally to this work.

Abstract: MicroRNAs (miRNAs) are small, non-coding RNAs that play important roles in the carcinogenesis and progression of cancers. Aberrant expression of miRNAs in tissue and plasma has been found in various solid tumors. Our research aims to determine whether the abnormal plasma miRNA expression patterns can be used as a predictive marker for the diagnosis and prognosis of small cell lung cancer (SCLC). Fifty SCLC patients and 30 healthy controls annotated with clinical characteristics and specific questionnaire survey for smoking history were available. Quantification of several miRNAs (miR-20a-5p, miR-92a-2-5p and miR-17-5p) was performed using quantitative real-time polymerase chain reaction (qRT-PCR), and results were analyzed using SPSS statistics 17.0. Plasma miR-92a-2 level was significantly higher in

unpack the data — and already it's very bad. More than 5 billion people have been injected with at least one dose of a COVID vaccine — so if we extrapolate a 6% heart injury/hospitalization rate from Steve Kirsch's famous survey, that works out to 300 million people.

300 million people with heart injuries.

If the brilliant and brave Dr. Robert Malone is correct that a majority of vaccinated people have *undiagnosed myocarditis*, that would mean *3 billion people* are at serious risk of sudden cardiac death.

From:	Fauci, Anthony (NIH/NIAID) [E]
Sent:	Sat, 1 Feb 2020 12:29:01 +0000
To:	Auchincloss, Hugh (NIH/NIAID) [C] (b) (6)
Cc:	(b) (6)
Subject:	IMPORTANT
Attachments:	Baric, Shi et al - Nature medicine - SARS Gain of function.pdf

Hugh:

  It is essential that we speak this AM. Keep your cell phone on.   I have a conference call at 7:45 AM with Azar. It likely will be over at 8:45 AM. Read this paper as well as the e-mail that I will forward to you now. You will have tasks today that must be done.
Thanks,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (b) (6)
FAX: (301) 496-4409
E-mail: (b) (6)

Magdy el-Nashar, who had been held by British authorities because he knew the London attackers, talks in Cairo Tuesday after being detained for three weeks. Nasser Nouri / AP
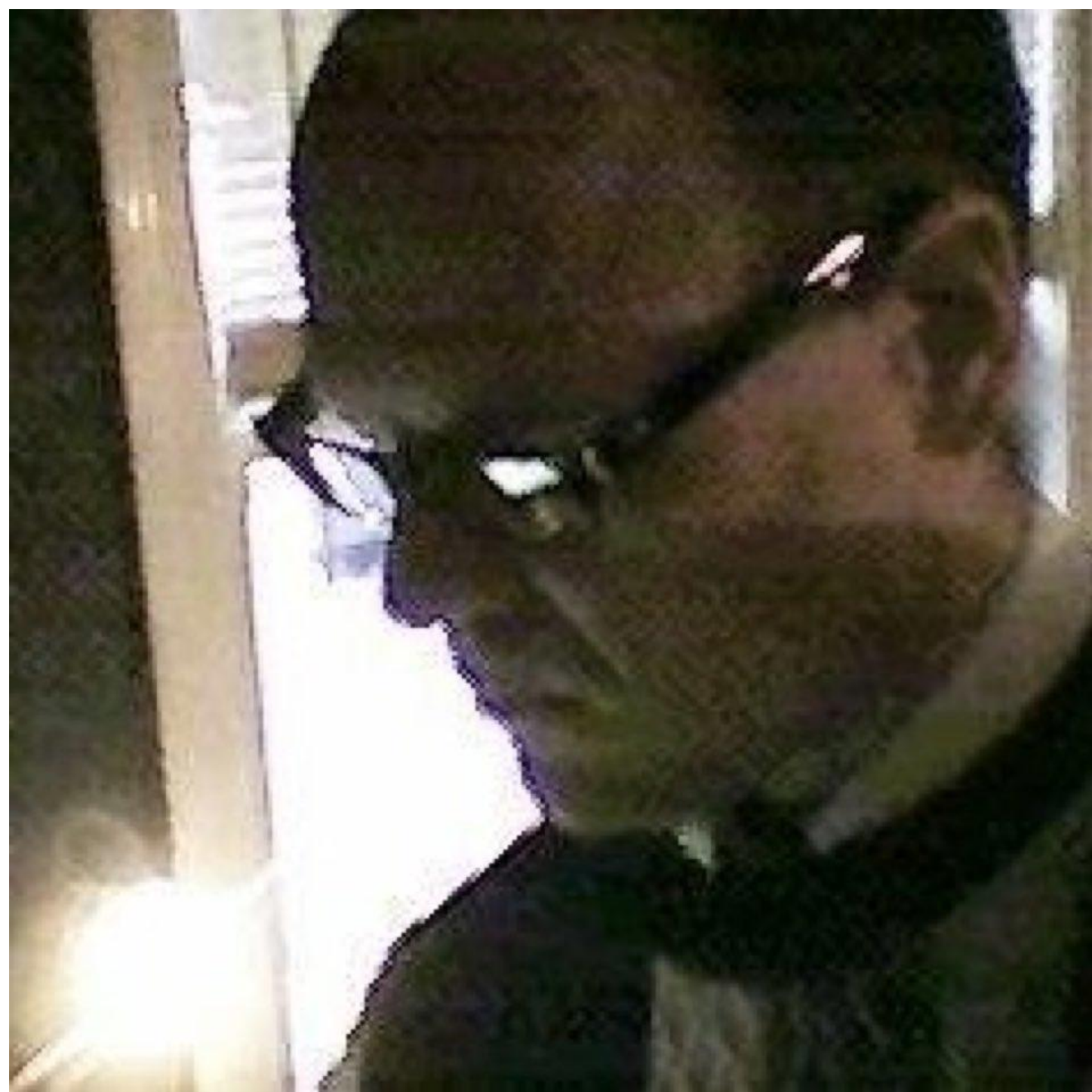
In retrospect, we ignored the warnings for decades.

First they did   the research
And...

Then they claimed...   the reverse
Then they began...   to rehearse
Then they simulated...   each hypothetical
Then they sounded...   prophetical
Then they discussed...   the FURIN cleavage site
Then they proceeded...   to gaslight
Then they denied...   its existence
Then they gaslighted...   resistance
Then they removed...   liability
Then they assured...   accountability
Then they called...   for urgency
Then they declared...   an emergency
Then they said...   "2 weeks to clear the spread"
Then they simply...   did whatever they wanted instead
Then they realized...   how much money they could spend
Then they miraculously... didn't want it to end
Then they absolved...   Big Pharma
Then they said...   it was nature's Karma
Then they ignored...   the science
Then they demanded...   compliance
Then they punished...   defiance
Then they enriched...   their clients
Then they suppressed...   dissent
Then they deformed...   consent

Top Virologist Who Voted for Vaccine Mandates Dies 'Suddenly and Unexpectedly'

Fact checked

November 23, 2022   Sean Adl-Tabatabai   8 Comments

A top virologist who advocated for vaccine mandates in America died "suddenly and expectedly" last week.

Dr. Almyra Oveta Fuller, an associate professor of microbiology and immunology at the University of Michigan, died Friday at the age of 67.

AND JUST LIKE THAT EVERY VAX COMPANY FOUND THE CURE AT THE SAME TIME
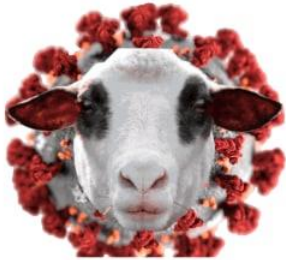
echo chamber

[ek-oh cheym-ber] SHOW IPA

noun

1. a room or other enclosed space that amplifies and reflects sound, generally used for broadcasting or recording echos or hollow sound effects:
   an open-air echo chamber;
   The hallway is a giant echo chamber.

2. an environment in which the same opinions are repeatedly voiced and promoted, so that people are not exposed to opposing views:
   an online echo chamber;
   We need to move beyond the echo chamber of our network to understand diverse perspectives.

fact

[fakt] SHOW IPA

See synonyms for: fact / facts on Thesaurus.com

noun

1. something that actually exists; reality; truth:
   Your fears have no basis in fact.

2. something known to exist or to have happened:
   Space travel is now a fact.

3. a truth known by actual experience or observation; something known to be true:
   Scientists gather facts about plant growth.

4. something said to be true or supposed to have happened:

Screenshot 1 (top left):

from:@Mr_Magoo5 v...

Top | Latest | People | Photos | Vide

JOK3R @Mr_Magoo5 · 1h
Replying to @NathanaelYoung @VikingRefusenik and 48 others
Like how does a **vaccine work**. I have to laugh, each time they're not replying.😂
1 2

JOK3R @Mr_Magoo5 · 2h
Replying to @Jayboy752 @SkepticalMutant and 47 others
How do **vaccine work** mate.

JOK3R @Mr_Magoo5 · 11h
Replying to @katieorourke78 @SkepticalMutant and 47 others
How does a **vaccine work**. There no such thing has un-natural immunity.
2

JOK3R @Mr_Magoo5 · 14h
Replying to @Mr_Magoo5

Screenshot 2 (mid left):

from:@Mr_Magoo5 v...

Top | Latest | People | Photos | Vide

JOK3R @Mr_Magoo5 · 14h
Replying to @Mr_Magoo5 @statecontrick and @naughteedesign
So he talking about something you cannot show me. Has you are uneducated and don't know basic knowledge about anything medical. I'm guessing you would not know how the **vaccines work**.
1

JOK3R @Mr_Magoo5 · 16h
Replying to @MrDannyTeal @VikingRefusenik and 48 others
How does a **vaccine work** Danny let's see if you've just made a @$$ of yourself.
1 2

JOK3R @Mr_Magoo5 · 17h
Replying to @VikingRefusenik @SSZ1967 and 48 others
All I want to know, can you te

Screenshot 3 (bottom left):

Top | Latest | People | Photos | V

JOK3R @Mr_Magoo5 · 01 Nov
Replying to @RjSnout @dann58638436 and 47 others
How do **vaccine work** brains
1 2

JOK3R @Mr_Magoo5 · 01 Nov
Replying to @hoothathuh @yellowmazzymoo and 47 other
The UK made two **vaccine** at a lo cost on price we sent shits loads to 3rd **work** country to Vaccinate them.
1

JOK3R @Mr_Magoo5 · 31 Oct
Replying to @Tonysta09735709 @JohannaSzabo1 and 14 others
Tony how do **vaccine work**.
2

JOK3R @Mr_Magoo5 · 31 Oct
Replying to @RjSnout @yellowmazzymoo and 47 o
How do **vaccine work**

Screenshot 4 (top middle):

Top | Latest | People | Photos | Vide

JOK3R @Mr_Magoo5 · 2d
Replying to @AllBiteNoBark88
Oi white rabbit how does a **vaccine work**.😊
1 2

JOK3R @Mr_Magoo5 · 2d
Replying to @msabouri @MinnesotaExpat and 48 others
Max how do mRNA **vaccine work**
1

JOK3R @Mr_Magoo5 · 2d
Replying to @StudPowercock69 @FormerAntivax and 7 others
I ask you how do **vaccine work**.

Anecdotal evidence reliable? One man says "yes".

JOK3R @Mr_Magoo5 · 2d
Replying to @StudPowercock69 @FormerAntivax and 7 others
So answer my question how does a **vaccine work**.
2 2

JOK3R @Mr_Magoo5 · 2d
Replying to @StudPowercock69 @Bryy_Miller and 4 others
Try reply to my comment and not yours. Is it my fault you don't understand clinical trials. You talk about consent and choice not one forced me I made a informed choice to be vaccinated. So let's ask you a question how do **vaccine work**.
1 1

JOK3R @Mr_Magoo5 · 2d
Replying to @msabouri @JiminyC24 and 48 others
So you are **vaccines** has mRl not the only **vaccine** on the

Screenshot 5 (bottom middle):

Top | Latest | People | Photos | V

JOK3R @Mr_Magoo5 · 30 Oct
Replying to @dann58638436 @5shezz4 and 47 others
How do **vaccine work** mate.
1

JOK3R @Mr_Magoo5 · 30 Oct
Replying to @dann58638436 @NathanaelYoung and 47 others
This still don't answer how do **vaccine work**.

JOK3R @Mr_Magoo5 · 30 Oct
Replying to @dann58638436 @addict_opiate and 48 others
Dan can you tell me how **vaccine work**.
2

JOK3R @Mr_Magoo5 · 30 Oct
Replying to @RjSnout @troydee and 47 others
How do **vaccine work**.
1

Replying to @RjSnout @troydee

Screenshot 6 (top right of middle):

Latest | People | Photos | Vide

JOK3R @Mr_Magoo5 · 1d
Replying to @Mr_Magoo5 @thegentlechad and 49 others
I see you ignored this question. So let's try again mate how does a **vaccine work**.

JOK3R @Mr_Magoo5 · 2d
Replying to @thegentlechad @PLHartungRN and 48 others
Mate how does a **vaccine work**.
1 3

JOK3R @Mr_Magoo5 · 2d
Replying to @canzyD01 @stephan19573 and @AllBiteNoBark88
Funny I have good friends who **work** on cardiology and their not seeing **vaccine** related. Their seeing virus related.
1 1

JOK3R @Mr_Magoo5 · 2d

Screenshot 7 (middle right):

Top | Latest | People | Photos | Vide

JOK3R @Mr_Magoo5 · 2d
Replying to @hoothathuh @SSZ1967 and 48 others
How do **vaccine work**. Tin foil hat
1 1

JOK3R @Mr_Magoo5 · 2d
Replying to @hoothathuh @SSZ1967 and 47 others
How do **vaccine work**.😂
1 2

JOK3R @Mr_Magoo5 · 3d
Replying to @TSnow50 @ryanbeed and 48 others
No STD how does a **vaccine work**. Dippy.
1 1

JOK3R @Mr_Magoo5 · 3d
Replying to @MazdyS @TSnow50 and 48 others
Still waiting on you telling how **vaccine work** mate.
1 1

JOK3R @Mr_Magoo5 · 3d
Replying to @MazdyS @TSnow50 and 48 others

Screenshot 8 (bottom right of middle):

JOK3R @Mr_Magoo5 · 30 Oct
Replying to @tashatymchuk @DrMohammadlAdi1 and @NoBS_here
How do **vaccine work**.
1

JOK3R @Mr_Magoo5 · 30 Oct
Replying to @Heilung79 and @BoredofFools
How do **vaccine work**.?
2 2

JOK3R @Mr_Magoo5 · 30 Oct
Replying to @Heilung79 and @BoredofFools
How do **vaccine work**,
I love playing with mouse. The "uneducated"

Screenshot 9 (far right):

Latest | People | Photos | Vide

JOK3R @Mr_Magoo5 · 17h
Replying to @VikingRefusenik @SSZ1967 and 48 others
All I want to know, can you tell me how a **vaccine work**.
1 1

JOK3R @Mr_Magoo5 · 17h
Replying to @tweettruth2me
I take it you don't know how **vaccine work**.🤷🤷🤷
3

JOK3R @Mr_Magoo5 · 19h
Replying to @PontP93 @pachyderminthe3 and 29 others
Has all **vaccine work** the same way end point. Yes I would agree.
1

JOK3R @Mr_Magoo5 · 1d
Replying to @Mr_Magoo5 @thegentlechad and 49 othe
I see you ignored this question. let's try again mate how does a

Screenshot 10 (far right lower):

JOK3R @Mr_Magoo5 · 3d
Replying to @MazdyS @ryanbeed and 48 others
You just using the word poison. Tell me how uneducated you are. Do tell me how does a **vaccine work**.

JOK3R @Mr_Magoo5 · 3d
Replying to @TSnow50 @ryanbeed and 48 others
Std is back how does a **vaccine work** mate 😂
1 1

JOK3R @Mr_Magoo5 · 3d
Replying to @Jayboy752 @provaxtexan and 47 others
How do **vaccine work**
1

JOK3R @Mr_Magoo5 · 4d
Replying to @KatieJO456030
Rumble you gullible soul. Do tell me how do **vaccine work**.

JOK3R @Mr_Magoo5 · 30 Oct
Replying to @SEDEBTQ @HBeMee1 and 3 others
How do **vaccine work**.
1

JOK3R @Mr_Magoo5 · 29 Oct
Replying to @ThatManBob1 @NathanaelYoung and 48 others
How do **vaccine work** mate, you still not answered the question. **Vaccine** are not drugs.dippy
2 3

JOK3R @Mr_Magoo5 · 29 Oct
Replying to @sstallkerr @ryanbeed and 47 others
So how do **vaccine work**.
1 1

JOK3R @Mr_Magoo5 · 29 Oct
Replying to @sstallkerr @ryanbeed and 47 others
Two questions stalker how do **vaccine work**.

← **Presumably Humor** 🌎
23K Tweets

⋯ **Follow**

Presumably Humor 🌎
@OXHarryH1

Nobody cares. Economist. Bruins! Buffs! Terps! Tritons! I've 'acted' in too many Roger Corman films.

📅 Joined November 2016

545 Following   **229** Followers

Not followed by anyone you're following

Tweets   Tweets & replies   Media   Likes

Presumably Humor ...   @OXHarry... · Sep 19   ⋯
Interesting disconnect. So much more to learn here.

twitter.com/DFisman/status...

🙋 **SUBSCRIBE TO MY ...** ✓ @Taylo... ·
Despite what this article implies, our curr
vaccines do not prevent long covid. Vaccines

🏠   🔍   🔔   ✉️

||| ◯   ‹

DW

I wasn't legally allowed to take the vaccine

PROXIMAL
1st Draft

By whom ?? .. ??
In whose Lab ?..
↙

The acquisition of furin cleavage sites have also been observed after repeated passage of betacoronaviruses in tissue culture (personal correspondence and NASEM call, February 3, 2020).

SARS
MERS
SARS-like

↖ whose ?
b

To the left are my great-grandfather, grandfather & my uncles.

F. S. Rixey [USN]
~1939-1959
World War II

P. Mh. Rixey III
1948-1953
Korea

P. H. Rixey
1944-1966
World War II
Okinawa

P. M. Rixey
1898-1936
Spanish-American War
France, World War I

P. Mh. Rixey II
~1927-1957
World War II
Guadalcanal
Tarawa

C. H. Rixey
2004-2018
Operation Iraqi Freedom

To Congress, & to the Biden Administration,

To the left are my great-grandfather, grandfather & my uncles. I added them here for emphasis, because it's important to understand that the big-picture implications in The Myth of the Blind Watchmaker are real - & serious. It's against that backdrop that I am compelled to stand up & speak truth to power:

In late January & early February of 2020, Anthony Fauci, Francis Collins & Kelvin Droegemeier spent far more time shaping the SARS-CoV-2 origin narrative than preparing for the actual pandemic. Immediately following the release of a scientific pre-print from India that noted HIV-1 inserts in the SARS-CoV-2, immediate action was taken to suppress awareness of those inserts and of the furin cleavage site.

There was **no action** taken to alert medical personnel of the existence of the furin cleavage site – the insert that made SARS-CoV-2 one of the most infectious viral pathogens in human history. This fateful decision is both the most obvious & the least known pandemic failure amongst the citizens of the world; it delayed the global response and erased any chance of preventing what followed.

The symptoms of Long COVID are the harvest we're now reaping from the seeds sown over the course of a single week in late January & early February of 2020, via decisions made by the officials entrusted to protect us. They chose to protect themselves. This is true no matter whether SARS-CoV-2 came from a bat or the hands of a master craftsman.

~There is no national security interest that rises above the need for justice for a million American victims of the COVID-19 pandemic – regardless of who is to blame for its emergence. There is no public health statute that allows for censorship as a means of **obstruction of justice**, which is exactly how the practice has been employed. You cannot violate the Constitution under any law, much less as a means to avoid prosecution for violating some other law.

Here, on Memorial Day, 4 of those 5 men pictured observe Capitol Hill from the slope below Lee House hill in Arlington National Cemetery. Neither they nor the million dead Americans can voice their disgust, so I must speak for them. So be it.

Semper Fidelis,

© C. H. Rixey, 2022
PrometheusShrugged.
Substack.com
DRASTIC

Dear Colleagues,

RE: ███████████████ **– VACCINATION DEATH**

We advise that we act on behalf of ████████████████, the widow of ████████████, who died on ████ 2021 following vaccination with the Pfizer Comirnaty vaccine.

We are authorised by our client to provide you with a copy of the Autopsy Report dated 2 ████████ 2021.

We note the comments and conclusion on pages 4 and 5 of the Report and particularly the possible therapeutic implication for future cases.

Yours faithfully,

DUTY CALLS!

The data presented herein, poses an interesting question, is the fear mongering around vaccines causing many of these perceived side effects by inducing unnecessary stress in vulnerable people? Is the movement and character of anti-vaccination information that may strike fear into the general population causing anxiety and vascular constriction resulting in pathologies such as dizziness, hypernea, fainting, blood clotting, stroke and heart attack? The science discussed here clearly establishes that anxiety and fear causes vasoconstriction disorders, and that a particular movement that is trying to save people with a profound lack of scientific and medical training (the anti-vaccination movement) from vaccine side effects may actually be the entity causing the majority of side effects.

Overview

MAURO VACCAREZZA graduated in Medicine with honors at the University of Genoa Medical School in July 1991.
Visiting Fellow at the National Institute of Allergy and Infectious Diseases (NIAID), Laboratory of Immunoregulation (Director: Prof. Dr. A.S. Fauci), National Institutes of Health Bethesda, USA, from February 1992 to January 1997.
Visiting Associate at the same affiliation from February 1997 to February 1999.
NIH Staff Award Winner in 1998.

BALB/c

Rodents

BALB/c is an albino, laboratory-bred strain of the house mouse from which a number of common substrains are derived. Now over 200 generations from New York in 1920, BALB/c mice are distributed globally, and are among the most widely used inbred strains used in animal experimentation.
Wikipedia >

Scientific Name

Mus musculus

Higher Classification

House mouse

OTTAWA SCHOOL BOARD TO RESUME MASK DEBATE

RE KIDS PER DAY THAN LAST YEAR – MAKING IT ONE OF TH

Replying to @TheJikky and @PetaRevera

Nice lol

BALB/c

Rodents

BALB/c is an albino, laboratory-bred strain of the house mouse from which a number of common substrains are derived. Now over 200 generations from New York in 1920, BALB/c mice are distributed globally, and are among the most widely used inbred strains used in animal experimentation.
Wikipedia >

Scientific Name

Mus musculus

Higher Classification

House mouse

EUROPE: Excess Deaths 2022 from June 26 to Nov 20
Higher than in 2020 and 2021, and Non Covid higher than Covid deaths

Euro MoMo 2022 weeks 25-46
Total Excess deaths: **155,343**
Covid deaths: **70,015**
Non Covid deaths: **85,328**

All ages
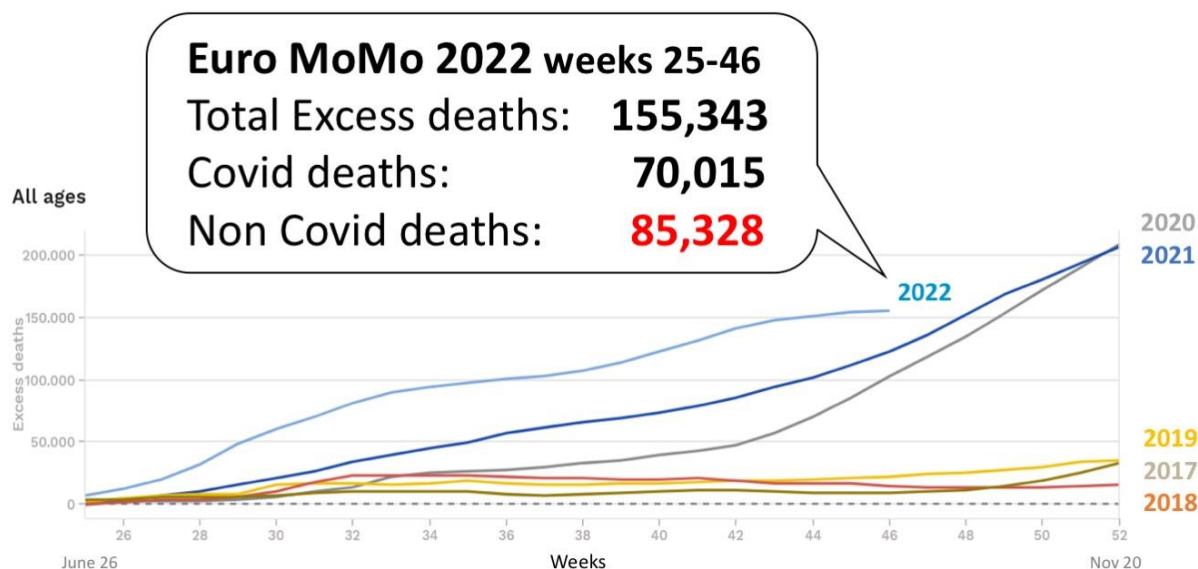
Source of chart and data: Euro MoMo, week 47 update, https://www.euromomo.eu/graphs-and-maps

Table 3. Classification of sample based on IC_{50} or CC_{50}.[a]

IC$_{50}$ or CC$_{50}$		Criteria
Isolated compound	Extract	
< 1 μM	–	Excellent or potent activity
1–20 μM	< 10 μg/mL	Good activity or very strong cytotoxicity
20–100 μM	10–50 μg/mL	Moderate activity
–	10–100 μg/mL	Strong cytotoxicity
100–200 μM	50–100 μg/mL	Low activity
> 200 μM	> 100 μg/mL	Inactive
–	100–500 μg/mL	Moderate cytotoxicity

Scripps Research ✔ @scrippsresearch · Mar 17, 2020 · · ·

By studying #genome sequence data for known #coronavirus strains,
@K_G_Andersen at Scripps Research helps track the evolution of
#SARSCoV2 and shows that it originated through natural processes
scripps.edu/news-and-event... @NatureMedicine #COVID19 #2019nCov
@arambaut

💬 2　　　🔁 42　　　♡ 57　　　↥

Scripps Research ✔
@scrippsresearch

Replying to @K_G_Andersen @dmaccannell and 2 others

The 007 of genomics

11:54 PM · Mar 17, 2020 · Twitter for iPhone

Lads on Tour

A twitter space:
Thu 24 Feb 9pm

Graham "Swaledale" Bottley, Brent Lee
Dr Ivor Mectin, Stars of Covid

All we get from the
Muttons Crew

JP 2015518816-A/1195: MODIFIED POLYNUCLEOTIDES FOR THE PRODUCTION OF ONCOLOGY-RELATED PROTEINS AND PEPTIDES

Sequence ID: HZ240891.1 Length: 1405 Number of Matches: 2

Range 1: 167 to 1405 GenBank Graphics

▼ Next Match ▲ Previous Match

Score		Expect	Identities	Gaps	Strand
2235 bits(2478)		0.0	1239/1239(100%)	0/1239(0%)	Plus/Plus

```
Query  550   CTCGGCCTGCAGGAACCTCTTCGGCCCCGGTGGACCACGAAGAGTTAACCCGGGACTTGGA   609
             ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  167   CTCGGCCTGCAGGAACCTCTTCGGCCCCGGTGGACCACGAAGAGTTAACCCGGGACTTGGA   226

Query  610   GAAGCACTGCAGAGACATGGAAGAGGCGAGCCAGCGCAAGTGGAATTTCGATTTTCAGAA   669
             ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  227   GAAGCACTGCAGAGACATGGAAGAGGCGAGCCAGCGCAAGTGGAATTTCGATTTTCAGAA   286

Query  670   TCACAAACCCCTAGAGGGCAAGTACGAGTGGCAAGAGGTGGAGAAGGGCAGCTTGCCCGA   729
             ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  287   TCACAAACCCCTAGAGGGCAAGTACGAGTGGCAAGAGGTGGAGAAGGGCAGCTTGCCCGA   346

Query  730   GTTCTACTACAGACCCCCGCGGCCCCCCAAAGGTGCCTGCAAGGTGCCGGCGCAGGAGAG   789
             ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  347   GTTCTACTACAGACCCCCGCGGCCCCCCAAAGGTGCCTGCAAGGTGCCGGCGCAGGAGAG   406

Query  790   CCAGGATGTCAGCGGGAGCCGCCCGGCGGCGCCTTTAATTGGGGCTCCGGCTAACTCTGA   849
             ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  407   CCAGGATGTCAGCGGGAGCCGCCCGGCGGCGCCTTTAATTGGGGCTCCGGCTAACTCTGA   466

Query  850   GGACACGCATTTGGTGGACCCAAAGACTGATCCGTCGGACAGCCAGACGGGGTTAGCGGA   909
             ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  467   GGACACGCATTTGGTGGACCCAAAGACTGATCCGTCGGACAGCCAGACGGGGTTAGCGGA   526

Query  910   GCAATGCGCAGGAATAAGGAAGCGACCTGCAACCGACGATTCTTCTACTCAAAACAAAAG   969
             ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  527   GCAATGCGCAGGAATAAGGAAGCGACCTGCAACCGACGATTCTTCTACTCAAAACAAAAG   586

Query  970   AGCCAACAGAACAGAAGAAATGTTTCAGACGGTTCCCCAAATGCCGGTTCTGTGGAGCA   1029
             ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  587   AGCCAACAGAACAGAAGAAATGTTTCAGACGGTTCCCCAAATGCCGGTTCTGTGGAGCA   646

Query  1030  GACGCCCAAGAAGCCTGGCCTCAGAAGACGTCAAACGTAAACAGCTCGAATTAAGAATAT   1089
             ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  647   GACGCCCAAGAAGCCTGGCCTCAGAAGACGTCAAACGTAAACAGCTCGAATTAAGAATAT   706

Query  1090  GTTTCCTTGTTTATCAGATACATCACTGCTTGATGAAGCAAGGAAGATATACATGAAAAT   1149
             ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  707   GTTTCCTTGTTTATCAGATACATCACTGCTTGATGAAGCAAGGAAGATATACATGAAAAT   766

Query  1150  TTTAAAAATACATATCGCTGACTTCATGGAATGGACATCCTGTATAAGCACTGAAAAACA   1209
             ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  767   TTTAAAAATACATATCGCTGACTTCATGGAATGGACATCCTGTATAAGCACTGAAAAACA   826

Query  1210  ACAACACAATAACACTAAAATTTTAGGCACTCTTAAATGATCTGCCTCTAAAAGCGTTGG   1269
             ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  827   ACAACACAATAACACTAAAATTTTAGGCACTCTTAAATGATCTGCCTCTAAAAGCGTTGG   886
```

```
Query  1210  ACAACACAATAACACTAAAATTTTAGGCACTCTTAAATGATCTGCCTCTAAAAGCGTTGG  1269
             ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  827   ACAACACAATAACACTAAAATTTTAGGCACTCTTAAATGATCTGCCTCTAAAAGCGTTGG  886

Query  1270  ATGTAGCATTATGCAATTAGGTTTTTCCTTATTTGCTTCATTGTACTACCTGTGTATATA  1329
             ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  887   ATGTAGCATTATGCAATTAGGTTTTTCCTTATTTGCTTCATTGTACTACCTGTGTATATA  946

Query  1330  GTTTTTACCTTTTATGTAGCACATAAACTTTGGGGAAGGGAGGGCAGGGTGGGGCTGAGG  1389
             ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  947   GTTTTTACCTTTTATGTAGCACATAAACTTTGGGGAAGGGAGGGCAGGGTGGGGCTGAGG  1006

Query  1390  AACTGACGTGGAGCGGGGTATGAAGAGCTTGCTTTGATTTACAGCAAGTAGATAAATATT  1449
             ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  1007  AACTGACGTGGAGCGGGGTATGAAGAGCTTGCTTTGATTTACAGCAAGTAGATAAATATT  1066

Query  1450  TGACTTGCATGAAGAGAAGCAATTTTGGGGAAGGGTTTGAATTGTTTTCTTTAAAGATGT  1509
             ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  1067  TGACTTGCATGAAGAGAAGCAATTTTGGGGAAGGGTTTGAATTGTTTTCTTTAAAGATGT  1126

Query  1510  AATGTCCCTTTCAGAGACAGCTGATACTTCATTTaaaaaaaTCACAAAAATTTGAACACT  1569
             |||||||||||||||||||||||||||||||||||       ||||||||||||||||||
Sbjct  1127  AATGTCCCTTTCAGAGACAGCTGATACTTCATTTAAAAAAAATCACAAAAATTTGAACACT  1186

Query  1570  GGCTAAAGATAATTGCTATTTATTTTTACAAGAAGTTTATTCTCATTTGGGAGATCTGGT  1629
             ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  1187  GGCTAAAGATAATTGCTATTTATTTTTACAAGAAGTTTATTCTCATTTGGGAGATCTGGT  1246

Query  1630  GATCTCCCAAGCTATCTAAAGTTTGTTAGATAGCTGCATGTGGCTTTTTTAAAAAAGCAA  1689
             ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  1247  GATCTCCCAAGCTATCTAAAGTTTGTTAGATAGCTGCATGTGGCTTTTTTAAAAAAGCAA  1306

Query  1690  CAGAAACCTATCCTCACTGCCCTCCCCAGTCTCTCTTAAAGTTGGAATTTACCAGTTAAT  1749
             ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  1307  CAGAAACCTATCCTCACTGCCCTCCCCAGTCTCTCTTAAAGTTGGAATTTACCAGTTAAT  1366

Query  1750  TACTCAGCAGAATGGTGATCACTCCAGGTAGTTTGGGGC  1788
             |||||||||||||||||||||||||||||||||||||||
Sbjct  1367  TACTCAGCAGAATGGTGATCACTCCAGGTAGTTTGGGGC  1405
```

Range 2: 1 to 172 GenBank   Graphics   ▼ Next Match ▲ Previous Match ⏫ First Match

Score	Expect	Identities	Gaps	Strand
311 bits(344)	1e-82	172/172(100%)	0/172(0%)	Plus/Plus

```
Query  103  ACGGCTCTGCGACTCCGACGCCGGCAAGGTTTGGAGAGCGGCTGGGTTCGCGGGACCCGC  162
            ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  1    ACGGCTCTGCGACTCCGACGCCGGCAAGGTTTGGAGAGCGGCTGGGTTCGCGGGACCCGC  60

Query  163  GGGCTTGCACCCGCCCAGACTCGGACGGGCTTTGCCACCCTCTCCGCTTGCCTGGTCCCC  222
            ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  61   GGGCTTGCACCCGCCCAGACTCGGACGGGCTTTGCCACCCTCTCCGCTTGCCTGGTCCCC  120

Query  223  TCTCCTCTCCGCCCTCCCGCTCGCCAGTCCATTTGATCAGCGGAGACTCGGC  274
            ||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  121  TCTCCTCTCCGCCCTCCCGCTCGCCAGTCCATTTGATCAGCGGAGACTCGGC  172
```

JP 2015518816-A/1195: MODIFIED POLYNUCLEOTIDES FOR THE PRODUCTION OF ONCOLOGY-RELATED PROTEINS AND PEPTIDES

Sequence ID: HZ240891.1 Length: 1405 Number of Matches: 2

Score	Expect	Identities	Gaps	Strand
2235 bits(2478)	0.0	1239/1239(100%)	0/1239(0%)	Plus/Plus

```
Query  550  CTCGGCCTGCAGGAACCTCTTCGGCCCGGTGGACCACGAAGAGTTAACCCGGGACTTGGA  609
            ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  167  CTCGGCCTGCAGGAACCTCTTCGGCCCGGTGGACCACGAAGAGTTAACCCGGGACTTGGA  226
```
← hCDKN1B
← Moderna

```
Query  610  GAAGCACTGCAGAGACATGGAAGAGGCGAGCCAGCGCAAGTGGAATTTCGATTTTCAGAA  669
            ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  227  GAAGCACTGCAGAGACATGGAAGAGGCGAGCCAGCGCAAGTGGAATTTCGATTTTCAGAA  286

Query  670  TCACAAACCCCTAGAGGGCAAGTACGAGTGGCAAGAGGTGGAGAAGGGCAGCTTGCCCGA  729
            ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  287  TCACAAACCCCTAGAGGGCAAGTACGAGTGGCAAGAGGTGGAGAAGGGCAGCTTGCCCGA  346
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Anonymous (ID: CjVic4Sa) 🔲 12/09/20(Wed)11:22:55 No.295621351 ▶
>>295621805 >>295622149 >>295622168 >>295622241 >>295622293 >>295622302
>>295622410 >>295622483 >>295622603 >>295622774 >>295623062 >>295623469
>>295623736 >>295623741 >>295623779 >>295624089 >>295624289 >>295624304
>>295624495 >>295625215 >>295625376 >>295627306 >>295627673 >>295627827
>>295628182 >>295628849 >>295629650 >>295629933 >>295630160 >>295630241
>>295630390 >>295630940 >>295630981 >>295631051 >>295631178 >>295631283
>>295631296 >>295631786 >>295632341 >>295632357 >>295632419 >>295632739
>>295632768 >>295632904 >>295633435 >>295633483 >>295633848 >>295633868
>>295633918 >>295634022 >>295634536 >>295634636

I'm an industrial engineer at Moderna and the other one of us is a process development engineer. I'm sure the same thing is happening with Pfizer-BioNTech. It was hard to put things together based on the small quantities of additions happening in manual step (highly unorthodox for a continuous process production). The explanation we got was highly sensitive trade secret adjuvants being added. Digging in deeper showed how sensitive it actually was.

Most people's understanding of this novel vaccine type is that it works as follows:
1. Make mRNA coding for S protein
2. Make lipid nanoparticle delivery system
3. Profit

How it actually works from what we've uncovered:
1. Make mRNA coding for S protein
2. Make mRNA coding for mutant versions of CYP19A1 and CDKN1B in smaller amounts
3. Make sure that while delivery system for (1) mostly ends up in liver, most of (2) ends up in the gonads
4. Make sure form and quantity of additive upregulating LINE-1 reverse transcription activity makes it hard to detect among legit adjuvants
5. Effects from (2) integrated by (4) are recessive; mildly oncogenic effects in vaccine recipients unlikely to be noticed for many years
6. (5) recessive but since most of population vaccinated, in next generation female offspring have premature ovarian failure

(6) coincides with poor people being obsoleted by AI and robotics, so we didn't have to dig for motivation.
We've taken precautions but fear for our safety. So far I don't think we've raised suspicion, but can't be sure. Not sure what to do. Avoiding taking the vaccine makes us prime suspects for this leak.
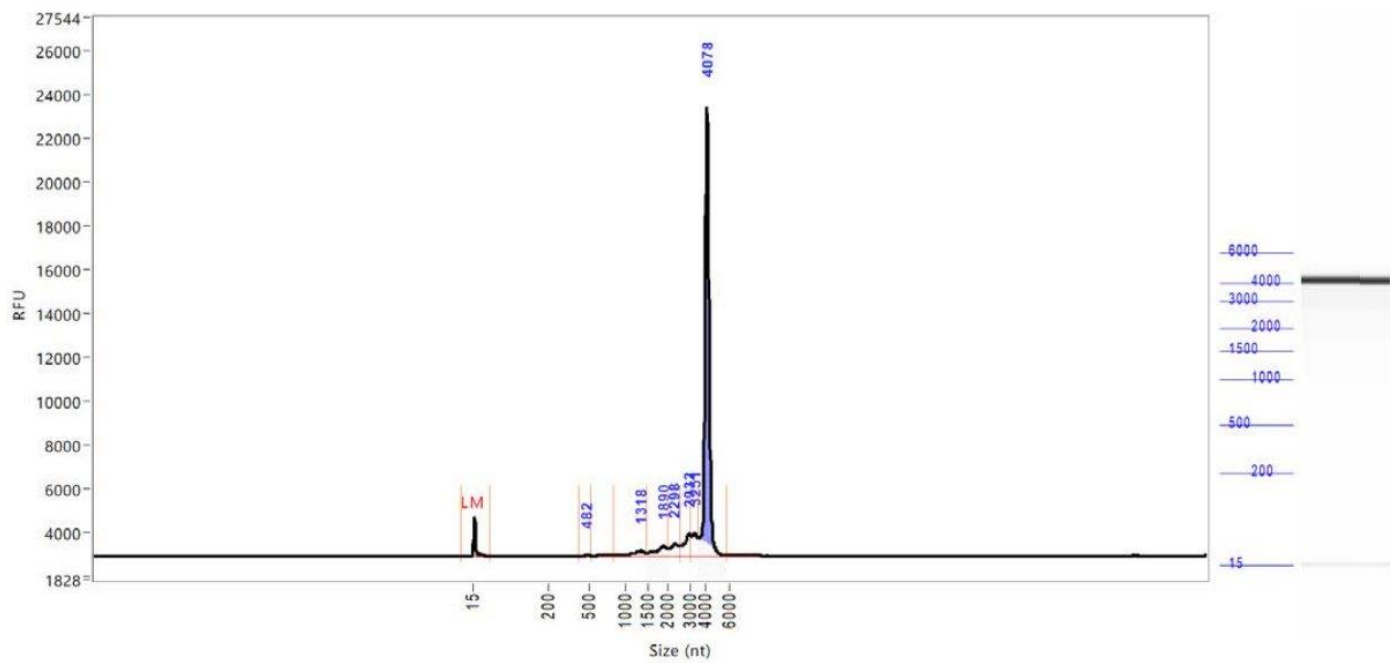
Name	PubMed "Coronavirus"	
	Pre-January 2020	Total Coronavirus Papers
Baric, R	167	265
Shi, ZL	28	55
Daszak, P	20	32
Lipkin, WI	16	23
Holmes, EC	15	50
Rambaut, A	10	37
Garry RF	5	11
Andersen, KG	0	7

BGI has been on the forefront of testing for SARS-CoV-2. Following the outbreak of the novel coronavirus in China, BGI was among the first few companies to have developed diagnostic tests that received emergency approval from China's National Medical Products Administration (NMPA) on January 26, 2020, followed by CE-IVD marking on March 2, 2020. BGI currently has a daily manufacturing capacity of 600,000 reactions and is actively scaling up to meet rapidly growing global demand. As of March 22, BGI has produced a total of 4.72 million tests. The company has performed

BGI's Real-Time Fluorescent RT-PCR Kit for Detecting SARS-2019-nCoV is the first FDA-approved product manufactured in China. It is also BGI's first FDA-approved medical device.

BGI is bringing its full genomics expertise and resources to the fight against the 2019 novel coronavirus throughout the world. BGI's long history of timely response to public health crisis events dates back to 2003, when the company decoded the genome of the SARS coronavirus and developed the virus detection kit within 96 hours.

Pre-Elon

If you don't like it then go make your own Twitter

Twitter is a private company it can do whatever it wants

The Government must not regulate private companies

Twitter doesn't even matter in real world. Only a small fraction of the population uses twitter

no problem with billionaires owning twitter

Post-Elon

It's impossible to make our own Twitter. Twitter under ownership of Elon must abide by our hate speech rules

twitter cannot do whatever it wants. Its literally fascist and killing people

Government must regulate and breakup Twitter to stop it becoming a platform for hate

An evil billionaire is taking over the largest mainstream internet media. Twitter is the public marketplace of ideas

Elon the billionaire buying twitter instead of solving world hunger is literally so selfish

China CDC

Division
Global Health

Date
JULY 2020

Region served
GLOBAL +1

Committed amount
$1,800,000

Grant topic
Malaria

Duration (months)
42

Grantee location
Beijing, Beijing, China

China CDC

Division

Global Policy and Advocacy

Date

NOVEMBER 2020

Region served

GLOBAL +1

Committed amount

$750,000

Grant topic

Tobacco Control

Duration (months)

36

Grantee location

Beijing, Beijing, China

Figure 5
Projected cardiology waiting list in England
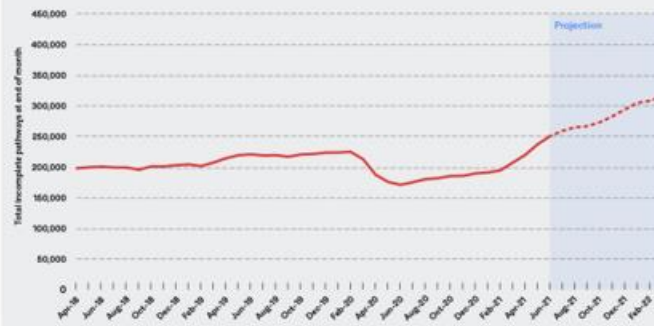
Figure 6
Projected cardiothoracic surgery waiting list in England
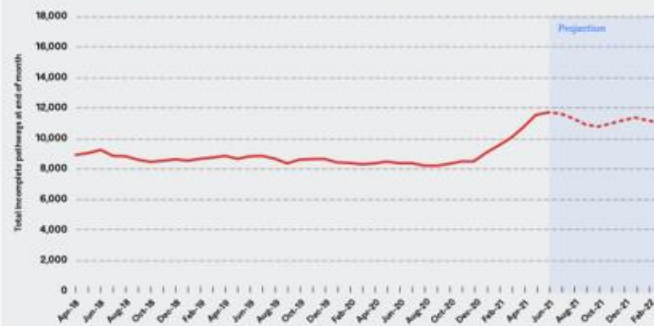
Up to the 26 October 2022 there have been an estimated 4.2 million first doses, 3.0 million second doses, and 0.2 million additional or booster doses of the monovalent COVID-19 Vaccine Pfizer/BioNTech given to under 18s; approximately 11,500 first doses and 8,700 second doses of the COVID-19 Vaccine AstraZeneca given to this population; and 2,200 first doses and 2,200 second doses, and 2,400 additional or booster doses of the monovalent COVID-19 Vaccine Moderna given to individuals under 18. There has been extremely limited use of COVID-19 Vaccine AstraZeneca as boosters in those under 18 years.

Your search parameters were adjusted to search for a short input sequence.

Your search is limited to records that include: Viridae (taxid:10239)

Your results are filtered to match records with percent identity between 100 and 100.

Your results are filtered to match records with query coverage between 100 and 100.

Job Title

Nucleotide Sequence

RID

PJVV81DV013 *Search expires on 11-09 03:49 am*
Download All ⌄

Program

❓ Citation ⌄

Database

nt   See details ⌄

Query ID

lcl|Query_34231

Description

None

Molecule type

nucleic acid

Query Length

22

Other reports

❓

Filter Results

Percent Identity	E value	Query Coverage
1(to 1(	to	1(to 1(

Filter   **Reset**

⚠ No significant similarity found. For reasons why, click here

---

Original Article

Chinese Medical Journal®

Clinical characteristics of novel coronavirus cases in tertiary hospitals in Hubei Province

Kui Liu[1], Yuan-Yuan Fang[1], Yan Deng[1], Wei Liu[2], Mei-Fang Wang[3], Jing-Ping Ma[4], Wei Xiao[5], Ying-Nan Wang[6], Min-Hua Zhong[7], Cheng-Hong Li[8], Guang-Cai Li[9], Hui-Guo Liu[1]

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[6]Department of Respiratory and Critical Care Medicine, The People's Hospital of China Three Gorges University, The First People's Hospital of Yichang, Yichang, Hubei 443000, China;
[7]Department of Respiratory and Critical Care Medicine, Xiaogan Hospital Affiliated to Wuhan University of Science and Technology, The Central Hospital of Xiaogan, Xiaogan, Hubei 432100, China;
[8]Department of Respiratory and Critical Care Medicine, The Sixth Hospital of Wuhan, Jianghan University, Wuhan, Hubei 430015, China;
[9]Department of Respiratory and Critical Care Medicine, The Central Hospital of Enshi Tujia and Miao Autonmous Prefecture, Enshi Clinical College, Wuhan University, Enshi Tujia and Miao Autonomous Prefecture, Hubei 445000, China.

Contract ID	Publish Date	Start Date	End Date	Value
CN3683704	25/05/2020	02/04/2020	30/06/2020	341,000.00
CN3609259	10/07/2019	27/06/2019	31/12/2022	83,879.00
CN3609259-A1	10/07/2019	27/06/2019	31/12/2022	325,000.00
CN3636072	22/10/2019	07/11/2019	06/11/2020	22,000.00
CN3681877	19/05/2020	13/05/2020	30/06/2021	506,000.00
CN3670684	02/04/2020	26/03/2020	30/06/2021	275,000.00
CN3441638-A3	14/07/2017	28/06/2017	30/06/2020	4,334,548.32

PSA @PSA_National · Jun 28

mRNA medicines, a reality in pharma industry!

mRNA COVID-19 vaccinations are a part of routine pharmacy practice. Learning the use of these **vaccines** are essential as it helps to educate the community and improve the coverage of **vaccines**.

Read more > ow.ly/Z9eN50JJ7Vn

Pharmaceutical
Society of Australia

CPD ROADSHOW

mRNA medicine changing the world

Latest updates and evidence explained

Join us face to face in Brisbane, Sydney, Melbourne, Hobart, Canberra, Perth or Adelaide

♡ 4   ♡ 4

Agency Name	FY_Publish D	Applicable Value	Supplier Name
Department of Health	2017-2018	2464836	PHARMACEUTICAL SOCIETY OF
Australian Digital Health Agency	2018-2019	1723711	Pharmaceutical Society of Australia
Department of Health	2018-2019	609797.62	PHARMACEUTICAL SOCIETY OF
Department of Health	2017-2018	550196.9	PHARMACEUTICAL SOCIETY OF
Department of Health - Therapeutic Goods Adm	2016-2017	260700	Pharmaceutical & Medical Professionals
Department of Health	2017-2018	180500	Pharmaceutical & Medical Profession
Department of Health - Therapeutic Goods Adm	2018-2019	179564.54	Pharmaceutical & Medical Professionals
Department of Health - Therapeutic Goods Adm	2016-2017	167200	Pharmaceutical & Medical Professionals
Department of Health	2017-2018	160344	Pharmaceutical & Medical Profession
Department of Health	2017-2018	136483.6	Pharmaceutical & Medical Profession
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Department of Health	2017-2018	135500	Pharmaceutical & Medical Profession
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Department of Health	2017-2018	90525	Pharmaceutical & Medical Profession
Australian Digital Health Agency	2019-2020	83879	Pharmaceutical Society of Australia Limited
Department of Health	2017-2018	61600	Pharmaceutical & Medical Profession
Department of Health	2016-2017	61600	Pharmaceutical & Medical Profession
Department of Health	2016-2017	58300	Pharmaceutical & Medical Profession
Department of Health	2018-2019	41000	Pharmaceutical & Medical Profession
Department of Health - Therapeutic Goods Adm	2016-2017	39270	Pharmaceutical & Medical Professionals
Department of Health	2018-2019	38500	Pharmaceutical Society of
Department of Health	2017-2018	23934.24	Pharmaceutical & Medical Profession
Department of Health	2017-2018	22000	PHARMACEUTICAL SOCIETY OF
Department of Defence	2018-2019	22000	PHARMACEUTICAL SOCIETY OF AUST
Department of Health	2018-2019	18050	Pharmaceutical & Medical Profession
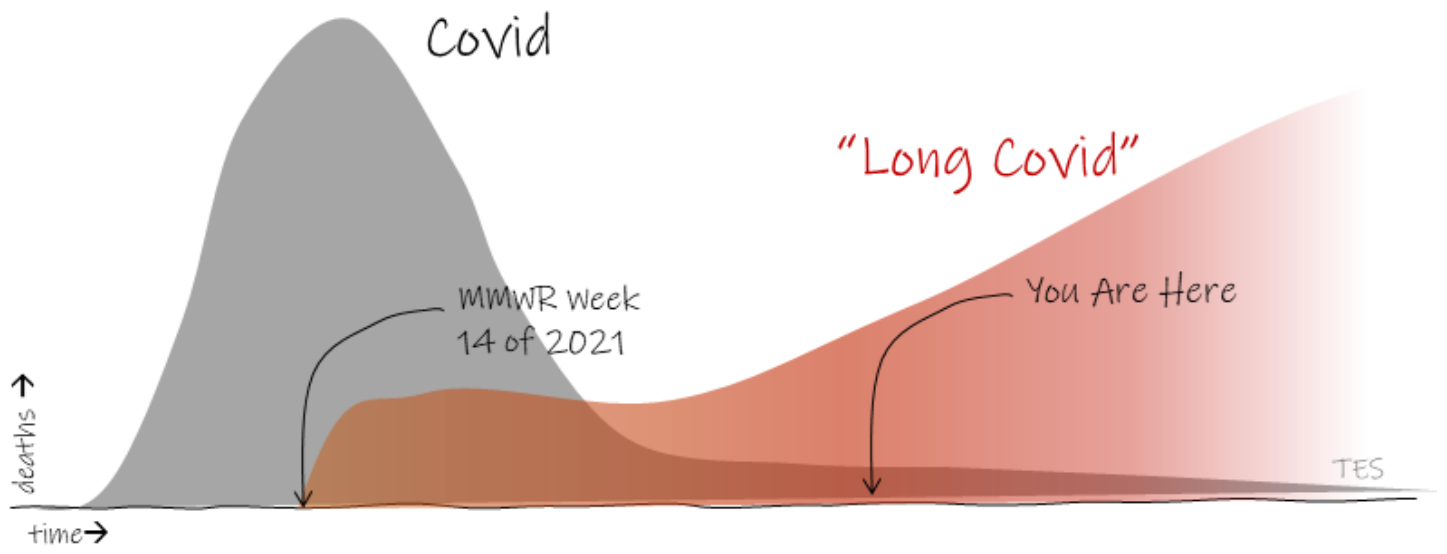
Barbara Fried — Sam Bankman-Fried

163 KB PNG

Anonymous (ID: 2OqnxQux) 11/10/22(Thu)05:04:14 No.52336007

>April 25, 2019 – Joe Biden announces his presidental campaign
>13 days later, on May 8, 2019, Sam Bankman-Fried, son of
Barbara Fried (the co-founder of the political fundraising
organization Mind the Gap and get-out-the-vote organizations
including the Center for Voter Information), launches the FTX
crypto exchange
>the exchange is an overnight success that enables Sam to
become the second biggest donor to the Biden campaign
>really makes you think

Anonymous (ID: 2OqnxQux) 11/10/22(Thu)05:31:47 No.52336322

>be Mrs Fried
>launch totally grassroots Democrat PAC in July 2018
>wonder how you're going to raise enough funds to make a
difference
>son coincidentally becomes a multi-billionaire a few months later
>sometimes things just have a way of working themselves out, I
guess

Mean Caesarean Section Data

20256434

Sex: Female		Control 0mcg			BNT162b2 30mcg		
Day(s) Relative to Mating (Litter: A)							
Females Pregnant [CHSQFS]	N+ve	21			21		
Dams with Viable Foetuses		21			21		
No. of Corpora Lutea [GEN AN]	Mean	14.7	I^1		15.5		
	SD	1.6			2.1		
	Sum	309	I^1		326		
No. of Implantations [GEN AN]	Mean	14.1	R^2		14.0		
	SD	1.6			2.2		
	Sum	296	R^2		294		
Pre-Implantation Loss [GEN AN]	Mean	0.6	R, k^3		1.5	d^4	
	SD	1.0			1.3		
	Sum	13	R, k^3		32	d^4	
Pre-Implantation Loss (%) [KWLWCX]	Mean	4.09	k^5		9.77	d^4	
	SD	6.56			8.09		
No. of Early Resorptions [GEN AN]	Mean	0.8	R^2		0.7		
	SD	1.2			1.0		
	Sum	16	R^2		14		
Early Resorptions (%) [KWLWCX]	Mean	5.04			4.62		
	SD	7.23			6.12		
No. of Late Resorptions [GEN AN]	Mean	0.1	R^2		0.2		
	SD	0.4			0.5		
	Sum	3	R^2		4		
Late Resorptions (%) [KWLWCX]	Mean	1.05			1.23		
	SD	2.66			3.27		
No. of Dead Foetuses [GEN AN]	Mean	0.0	R^2		0.0		
	SD	0.0			0.0		
	Sum	0	R^2		0		
Post-Implantation Loss [GEN AN]	Mean	0.9	R^2		0.9		
	SD	1.2			1.2		
	Sum	19	R^2		18		

Trajectory of long covid symptoms after covid-19 vaccination: community based cohort study

Daniel Ayoubkhani [1] [2], Charlotte Bermingham [3], Koen B Pouwels [4] [5], Myer Glickman [3], Vahé Nafilyan [3] [6], Francesco Zaccardi [2], Kamlesh Khunti [2], Nisreen A Alwan [7] [8] [9], A Sarah Walker [4] [10]

Affiliations — collapse

Affiliations

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4 National Institute for Health Research Health Protection Research Unit in Healthcare Associated Infections and Antimicrobial Resistance, University of Oxford, Oxford, UK.
5 Health Economics Research Centre, Nuffield Department of Population Health, University of Oxford, Oxford, UK.
6 Faculty of Public Health, Environment, and Society, London School of Hygiene and Tropical Medicine, London, UK.
7 School of Primary Care, Population Sciences and Medical Education, Faculty of Medicine, University of Southampton, Southampton, UK.
8 NIHR Southampton Biomedical Research Centre, University of Southampton and University Hospital Southampton NHS Foundation Trust, Southampton, UK.
9 NIHR Applied Research Collaboration (ARC) Wessex, Southampton, UK.
10 Nuffield Department of Medicine, University of Oxford, Oxford, UK.

Effect of pre-exposure use of hydroxychloroquine on COVID-19 mortality: a population-based cohort study in patients with rheumatoid arthritis or systemic lupus erythematosus using the OpenSAFELY platform

Christopher T Rentsch [1], Nicholas J DeVito [2], Brian MacKenna [2], Caroline E Morton [2], Krishnan Bhaskaran [1], Jeremy P Brown [1], Anna Schultze [1], William J Hulme [2], Richard Croker [2], Alex J Walker [2], Elizabeth J Williamson [1], Chris Bates [3], Seb Bacon [2], Amir Mehrkar [2], Helen J Curtis [2], David Evans [2], Kevin Wing [1], Peter Inglesby [2], Rohini Mathur [1], Henry Drysdale [2], Angel Y S Wong [1], Helen I McDonald [1], Jonathan Cockburn [3], Harriet Forbes [1], John Parry [3], Frank Hester [3], Sam Harper [3], Liam Smeeth [1], Ian J Douglas [1], William G Dixon [4], Stephen J W Evans [1], Laurie Tomlinson [1], Ben Goldacre [2]

Affiliations + expand
PMID: 33349815   PMCID: PMC7745258   DOI: 10.1016/S2665-9913(20)30378-7
Free PMC article

Data sharing

All data were linked, stored, and analysed securely within the OpenSAFELY platform. Detailed pseudonymised patient data are potentially re-identifiable and therefore not shared. We rapidly delivered the OpenSAFELY data analysis platform without previous funding to deliver timely analyses of urgent research questions in the context of the global COVID-19 health emergency: now that the platform is established, we are developing a formal process for external users to request access in collaboration with NHS England. Details of this process will be published in the near future on the OpenSAFELY website.

DataItem	Valid	Default	Invalid	Missing	Denominator
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MATERNITY CARE SETTING (AT START OF INT	300	0	0	0	300
PLANNED DELIVERY SETTING CHANGE REASO	5	290	0	10	300
LABOUR OR DELIVERY ONSET METHOD CODI	290	0	0	10	300
ONSET OF ESTABLISHED LABOUR DATE	220	0	0	80	300
ONSET OF ESTABLISHED LABOUR TIME	220	0	0	80	300
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START TIME (MOTHER LABOUR AND DELIVEF	0	0	0	300	300
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DECISION TO DELIVER TIME	5	0	0	300	300
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LABOUR AND DELIVERY IDENTIFIER	300	0	0	0	300
MSD301 Table Submission	1	0	0	0	1
ORGANISATION SITE IDENTIFIER (AT START O	35	0	0	2275	2310

And you will know the truth, and the truth will set you free."
John 8:32

'I don't have to prove that curfews work'

Victorian Premier Daniel Andrews says he does not need to prove the efficacy of a curfew in bringing down coronavirus case numbers.

A

S mRNA on nuclear surface

Nucleus
S mRNA
S protein
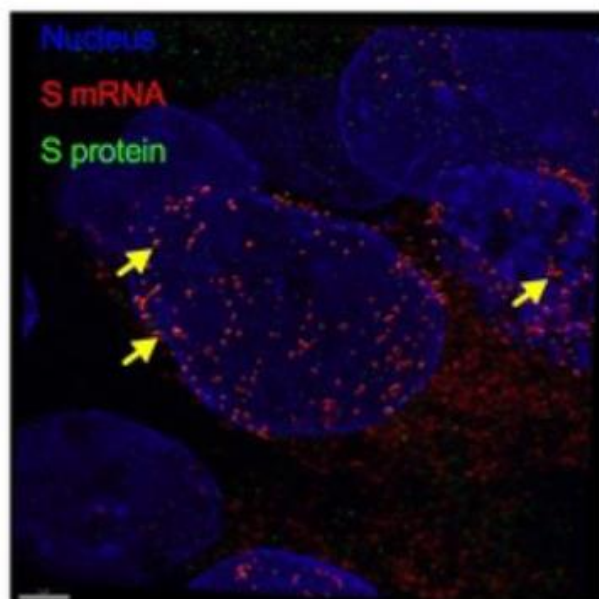
S mRNA inside nucleus

Nucleus
S mRNA
S protein
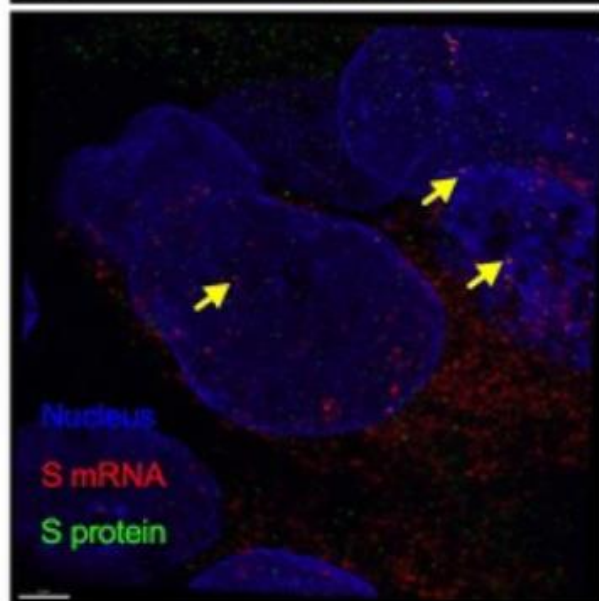
B

S protein on nuclear surface

Nucleus
S mRNA
S protein
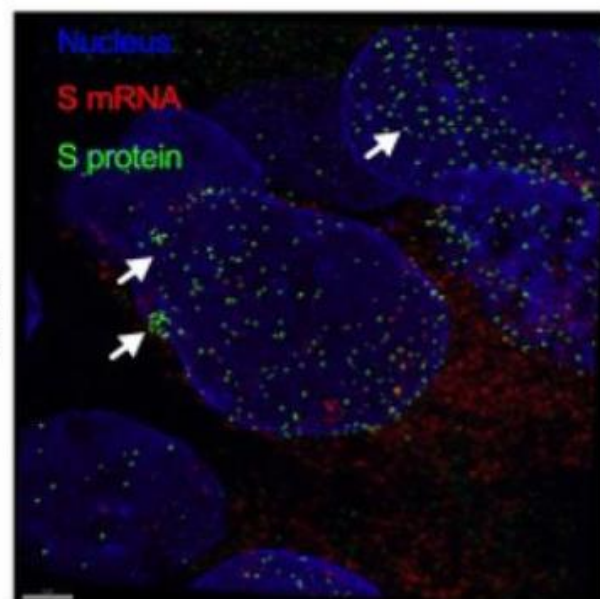
S protein inside nucleus

Nucleus
S mRNA
S protein

A

N-terminal　　　　　　C-terminal

23　　51　　91　　124　　230

octarepeat

| PQGGGGWGQ | PHGGGWGQ | PHGGGWGQ | PHGGGWGQ | PHGGGWGQ |

151 CCUCAGGGCGGUGGUGGCUGGGGGCAG CCUCAUGGUGGUGGCUGGGGGCAG CCCCAUGGUGGUGGCUGGGGGCAG...

B

K⁺　　　　　　K⁺　　　　　　K⁺

G----G　　G----G　　G----G
G-┆-G　　G-┆-G　　G-┆-G
G-┆-G　　G-┆-G　　G-┆-G
G----G　　G----G　　G----G

C

```
      G G
    G     G
    G – C
    U – A
    C – G
    G – C
GGGCGGUGGU  G – C
```
Pri-One

```
      G G
    G     G
    G – C
    U – A
    C – G
    G – C
GGUGGU  G – C
```
Pri-Two

```
      G G
    G     G
    G – C
    U – A
    C – G
    G – C
```
Pri-Hp

GGUGGUGGCUGGGGG
Pri-Qd

One of the most important findings in our study was the simultaneous detection of the different spatial distributions of S protein and S mRNA at the single-molecule level in a single infected cell. We confirmed that S mRNA translocated into the nucleus by image analysis of the colocalization of S mRNA with nuclear staining. The SARS-CoV-2 N protein has already been shown to bind to RNA [46]. There was no information available confirming whether the S protein could bind to S mRNA for nuclear translocation. Our results revealed that S mRNA nuclear translocation was mediated by the S protein because S mRNA nuclear translocation was always associated with the S protein. For example, S mRNA colocalized with the S protein inside and outside the surface of the nucleus. Although the primer-probe was designed to target S mRNA, the SARS-CoV-2 positive-strand RNA genome (whole or partial) can be targeted by the same probe due to the sequence similarity between S mRNA and the whole or partial genome. Thus, our results lack sufficient detail contributing to the discussion of the controversial scientific topic of whether there is any possibility of SARS-CoV-2 genome integration into the host DNA [47, 48]. Additionally, one of the significant differences in the S protein sequences of SARS-CoV and SARS-CoV-2 is the pat7 NLS motif. Whether S protein expression by the current vaccine platforms causes suboptimal expression of S protein on the cell surface due to the NLS remains to be determined [49].

In conclusion, the SARS-CoV-2 S protein has a functional pat7 NLS "PRRARSV", that results in one out of four S proteins translocating into the nucleus in infected cells. S Protein appears to shuttle S mRNA (possibly the genome) into the nucleus as well. Thus, the NLS of the S protein may contribute to the evasion of the host immune response and is a novel pathogenic feature of SARS-CoV-2.

Materials and Methods

The limited numbers of CD34+ cells in the UCB of the vaccinated donor group were the greatest impediment, especially for the hematopoiesis differentiation assays, transcriptomics at the single cell level, as well as all statistical analyses. The use of freshly isolated MNCs for humanization following depletion of incoming T cells by anti-CD3 antibodies [67] or pre-expanding CD34+ cells *ex vivo* [68,69] would be required to assess the

13

impact of SARS-CoV-2 vaccination on UCB CD34+ cells and hematopoiesis in future experiments. These studies should serve as a touchstone for understanding these potential impacts and provide insight about how the long-term side effects of SARS-CoV-2 infection and/or vaccination in mothers and even neonates affect future human immune health.
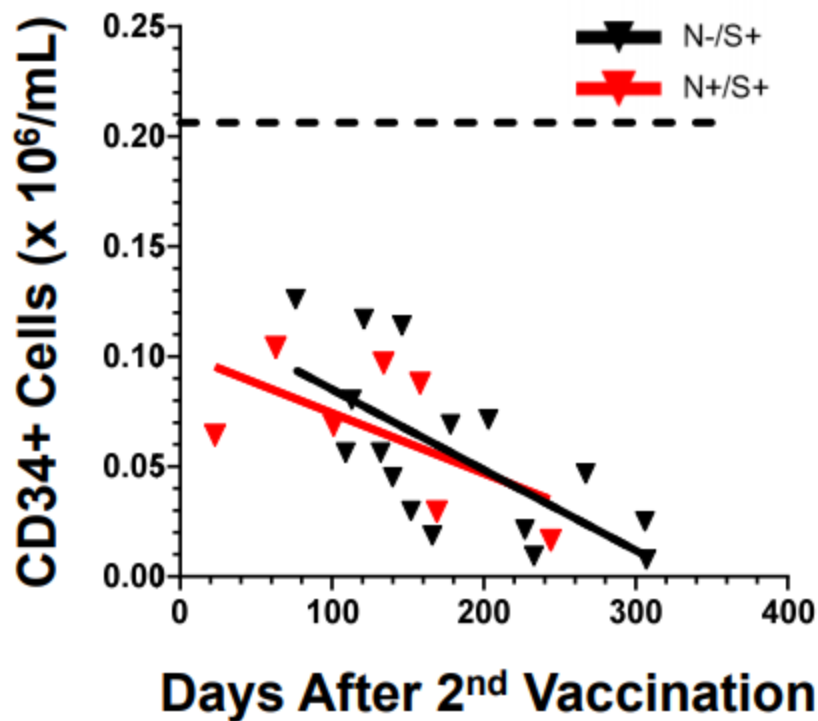
$R^2=46\%$ (**, p=0.004)
$R^2=36\%$ (ns, p=0.1555)

Search to prevent next human pandemic

To play good defense against the next viral pandemic, it helps to know the other team's offense. But the 263 known viruses that circulate in humans represent less than 0.1 percent of the viruses suspected to be lurking out there that could infect people, researchers report in the Feb. 23 Science.

The Global Virome Project, to be launched in 2018, aims to close that gap. The international collaboration will survey viruses harbored by birds and mammals to identify candidates that might be zoonotic, or able to jump to humans. Based on the viral diversity in two species known to host emerging human diseases — Indian flying foxes and rhesus macaques — the team estimates there are about 1.67 million unknown viruses still to be discovered in the 25 virus families surveyed. Of those, between 631,000 and 827,000 might be able to infect humans.

The $1.2 billion project aims to identify roughly 70 percent of these potential threats

Dr Teresa Kelly
@ztkelly

Obstetrician. Passionate about patient safety. Happy to help with evidence/questions about Covid vaccines in pregnancy. Views are my own
@projecthalo

💼 Medical & Health ⓘ   📍 North West, England   🗓 Joined April 2009

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@DrKatEpi

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Viki Male
@VikiLovesFACS

Follow

Immunologist working on pregnancy at @ImperialCollege | equality and diversity in STEM | she/her | Because VikiLovesNKCells was too long for Twitter

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Jonathan Laxton MD, FRCPC
@dr_jon_l

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🇨🇦 Internal Medicine physician and asst. professor of medicine 🏳️‍🌈 he/him. Dealing with disinformation. My views are my own.

Section 2. The Work Under Consideration for Publication

Did you or your institution **at any time** receive payment or services from a third party (government, commercial, private foundation, etc.) for any aspect of the submitted work (including but not limited to grants, data monitoring board, study design, manuscript preparation, statistical analysis, etc.)?

Are there any relevant conflicts of interest?   ☑ Yes   ☐ No

If yes, please fill out the appropriate information below. If you have more than one entity press the "ADD" button to add a row. Excess rows can be removed by pressing the "X" button.

Name of Institution/Company	Grant?	Personal Fees?	Non-Financial Support?	Other?	Comments	
Jan and David Barcuski	☑	☐	☐	☐		
Alliance of Minnesota Chinese Organizations	☑	☐	☐	☐		
Minnesota Chinese Chamber of Commerce	☑	☐	☐	☐		
University of Minnesota Foundation	☑	☐	☐	☐		
Rising Pharmaceuticals	☐	☐	☑	☐	Donation of hydroxychloroquine	

Fig. 1 A schematic representation of inhibitory action of folic acid. (a) The mechanism of fusion and replication of COVID-19 virus. (b) Inhibition of furin protein by folic acid.

FOI 2022 577

Thank you for your information request received by us on   8 September 2022.

This request has been handled under the Freedom of Information Act 2000.

Please note that Chelsea and Westminster Hospital NHS Foundation Trust merged with West Middlesex University Hospital in September 2015, for this reason our response covers both sites

I am writing to request under the freedom of information Act the following documents held by you:

• a list of all currently active clinical trials or studies being conducted at the Chelsea & Westminster maternity unit including the current protocol and PICF (patient information sheet) where relevant for each study.

Duplicates are not required. ISRCTN Clinical trials registry identifiers should be included for each study.

In the table below the first column is the 'IRAS number' for the project – a unique identifier that is used for all research studies in the UK and is quoted on ethics applications, regulatory submissions etc.

IRAS ID	Title
	Using qualitative interviews with microsystem staff to enhance the effectiveness of quality improvement initiative: exploration of benefits perceived by the core project working group members.
112935	Maternal and Perinatal Outcomes of Pandemic Influenza in Pregnancy
142103	Investigation and study of pregnancy in overweight and diabetic women and the effect of bariatric surgery on pregnancy outcomes
143105	VMET2 Vaginal Microbiome and Metabonome in Pregnancy
159940	The EPIC study
197668	The immunology and metabolomics of endometrial receptivity to improve screening and prediction of recurrent failed in vitro fertilisation and recurrent spontaneous miscarriage
209090	Acute postnatal transfer and mortality in very preterm babies: A population study
215037	Interactions between the diet and gut microbes and metabolism in preterm infants (INDIGO study).
221152	PROMESA: Promotion of a healthy gut microbiome in elective caesarean section arrivals
222431	Heart Disease in Pregnancy - Maternal Cardiovascular Adaptation and Fetal Outcomes
229163	Induction of labour for predicted macrosomia
239782	C-Stich2: Emergency Cervical Cerclage to Prevent Miscarriage and Preterm Birth: a Randomised Controlled Trial
251756	Chronic Endometritis and Recurrent Miscarriage - The CERM trial
261294	CRAFT: Cerclarge after full dilatation caesarean section; an investigation into the role of previous in labour caesarean section in future preterm birth risk and potential management strategies
262719	Calcium Supplementation for Prevention of Pre-eclampsia in High Risk Women: CaPE Trial
262850	Lower Myometrial Biochemistry
265096	Prediction of the onset of term and preterm labour
266400	Perinatal and 2 year neurodevelopmental outcome in late preterm fetal compromise: the TRUFFLE 2 Randomised Trial
268668	The OptiBreech care pathway: evaluating the feasibility and acceptability of team care for women seeking to plan a vaginal breech birth
282750	OASI2: a hybrid effectiveness implementation RCT to inform scale up of care bundle to reduce obstetric anal sphincter injury (OASI) caused during childbirth
284958	Pregnancy ANtihypertensive Drugs: which Agent is best?
285693	ASPIRE-COVID-19 CENTRE: Achieving Safe and Personalised maternity care in response to epidemics - Case studies of eight NHS Trusts in England
287442	A Phase 2a/2b Randomized Double-Blind Placebo-Controlled Study to Evaluate the Efficacy and Safety of Volixibat in Adult Women with Intrahepatic Cholestasis of Pregnancy and Elevated Serum Bile Acid Concentrations (OHANA)
289560	Prospective study of natural killer cells and other associated cells of the immune system in women with low versus high risk of implantation and placentation problems in early pregnancy
290825	Evaluation of the Maternity Vulnerability Assessment Tool (MatVAT) tool to assess women's vulnerability during community maternity care
294144	Use of the HemoClear system for obstetric cell salvage: A pre-clinical proof of concept to cleanse blood salvaged in caesarean sections and vaginal delivery
297849	Health care practitioner survey to inform health service configuration for abortion provision
303028	The OptiBreech Care Trial: a feasibility study for a pragmatic trial of care for women with a breech-presenting baby at term
43680	Surveillance of near-miss maternal morbidity using the UK Obstetric Surveillance System (UKOSS)
79716	Long-term follow-up of women affected by near-miss morbidity - Experiences of women who required a peripartum hysterectomy

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79716	Long-term follow-up of women affected by near-miss morbidity - Experiences of women who required a peripartum hysterectomy

```
                  Orthoparamyxovirinae; Morbillivirus.
REFERENCE   1   (bases 1 to 19800)
   AUTHORS   Hoerner,C., Schuermann,C., Auste,A., Ebenig,A., Muraleedharan,S.,
             Dinnon,K.H. III, Scholz,T., Herrmann,M., Schnierle,B., Baric,R.S.
             and Muehlebach,M.D.
   TITLE     A Highly Immunogenic and Effective Measles Virus-based Th1-biased
             COVID-19 Vaccine
   JOURNAL   Unpublished
REFERENCE   2   (bases 1 to 19800)
   AUTHORS   Hoerner,C., Schuermann,C., Auste,A., Ebenig,A., Muraleedharan,S.,
             Dinnon,K.H. III, Scholz,T., Herrmann,M., Schnierle,B., Baric,R.S.
             and Muehlebach,M.D.
   TITLE     Direct Submission
   JOURNAL   Submitted (09-OCT-2020) Abteilung Veterinaermedizin,
             Paul-Ehrlich-Institut, Paul-Ehrlich-Str. 51-59, Langen, Hessia
             63225, Germany
COMMENT     ##Assembly-Data-START##
             Assembly Method       :: BWA mem v. v 0.7.12-r1039
             Sequencing Technology :: Illumina
             ##Assembly-Data-END##
FEATURES             Location/Qualifiers
     source          1..19800
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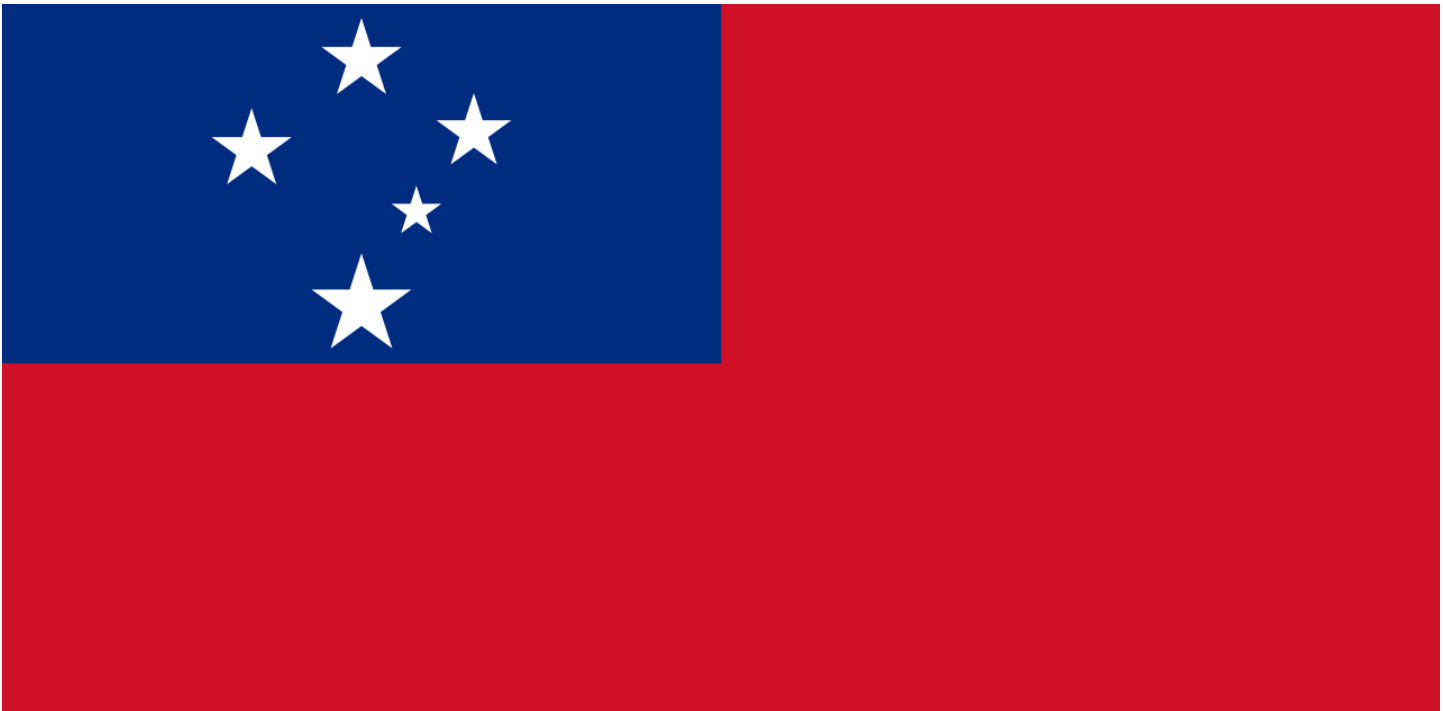
The number of people out of the labour market because of long-term sickness has been rising in recent years

Cumulative change in number of people aged 16 to 64 years inactive owing to long-term sickness, seasonally adjusted, UK, January to March 2017 to June to August 2022
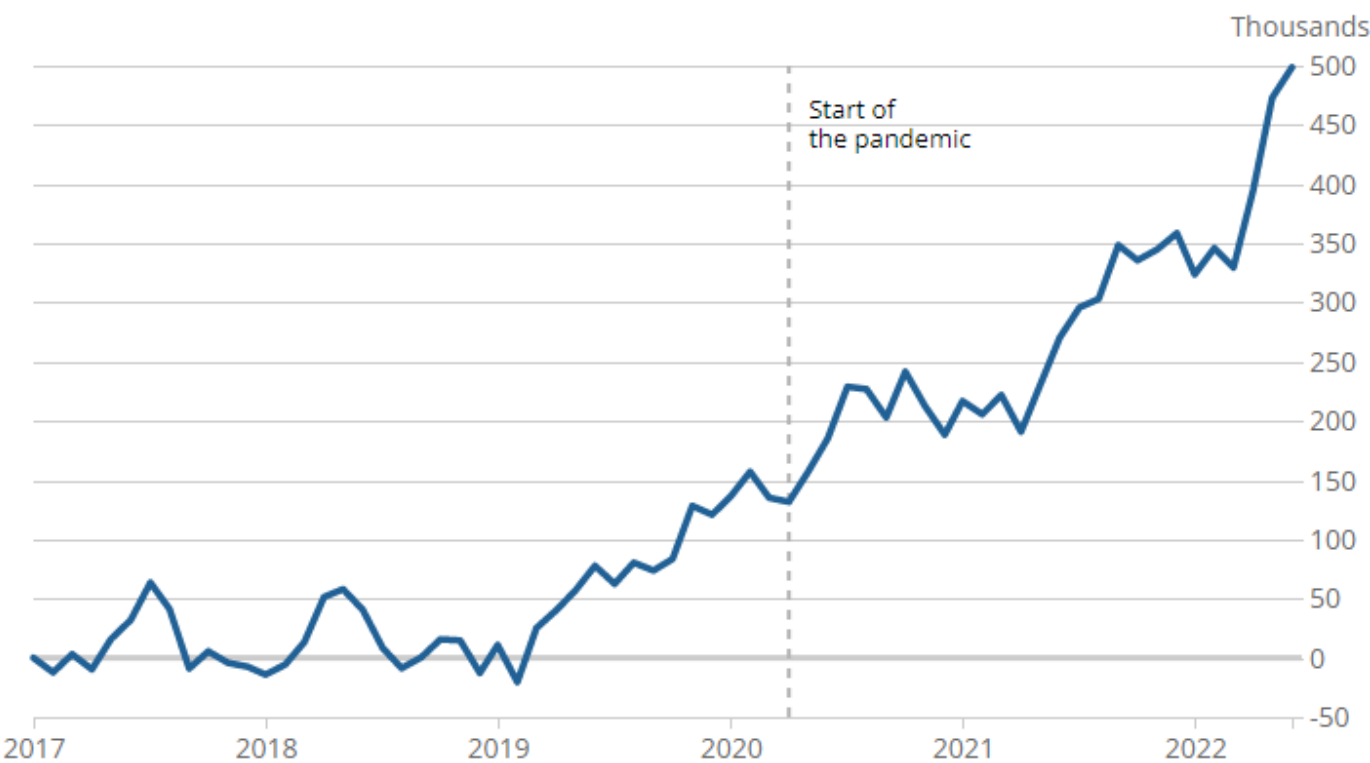
Source: Office for National Statistics – Labour Force Survey

Embed code

From: Anthony, Simon J. [mailto:sja2127@cumc.columbia.edu]
Sent: Monday, February 13, 2017 5:07 PM
To: Baric, Ralph S <rbaric@email.unc.edu>; Menachery, Vineet D <vineet@email.unc.edu>; Yount, Boyd L Jr
<byount@email.unc.edu>
Cc: Jonna Mazet <jkmazet@ucdavis.edu>; Tracey Goldstein <tgoldstein@ucdavis.edu>; Kirsten Gilardi
<kvgilardi@ucdavis.edu>
Subject: New 2b spike sequence

Dear Ralph -

Thanks again for the call today. Per our discussion, here is a new spike sequence for you to evaluate. I
think you'll like this one as it is SARS-like. :o)

█████████████████████████████████ I am therefore Cc-ing Kirsten
Gilardi as she leads all field activities there for UC Davis and was responsible for the collection of these
samples.

██
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██

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███████████████████████

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                       /protein_id="QTJ30137.1"
                       /translation="MYSFVSEETGTLIVNSVLLFLAFVVFLLVTLAILTALRLCAYCC
                       NIVNVSLVKPSFYIYSRVKNLNSSQGIPDLLV"

(A)

(B)

gene
circRNA
miRNA

2018

JULY: TWO BABIES DIE IMMEDIATELY FOLLOWING MMR VACCINATION

2019

APRIL: MEASLES VACCINATION RESUMES IN SAMOA

OCTOBER 1: UNICEF DELIVERED 115,000 DOSES OF MEASLES VACCINES TO SAMOA

OCTOBER 12: WORLD BANK GIVES $34 MILLION GRANT FOR MEASLES OUTBREAK

NOVEMBER 15: SAMOA DECLARES STATE OF EMERGENCY OVER MEASLES OUTBREAK

A

M^+: $K^+ > Na^+ > Li^+$
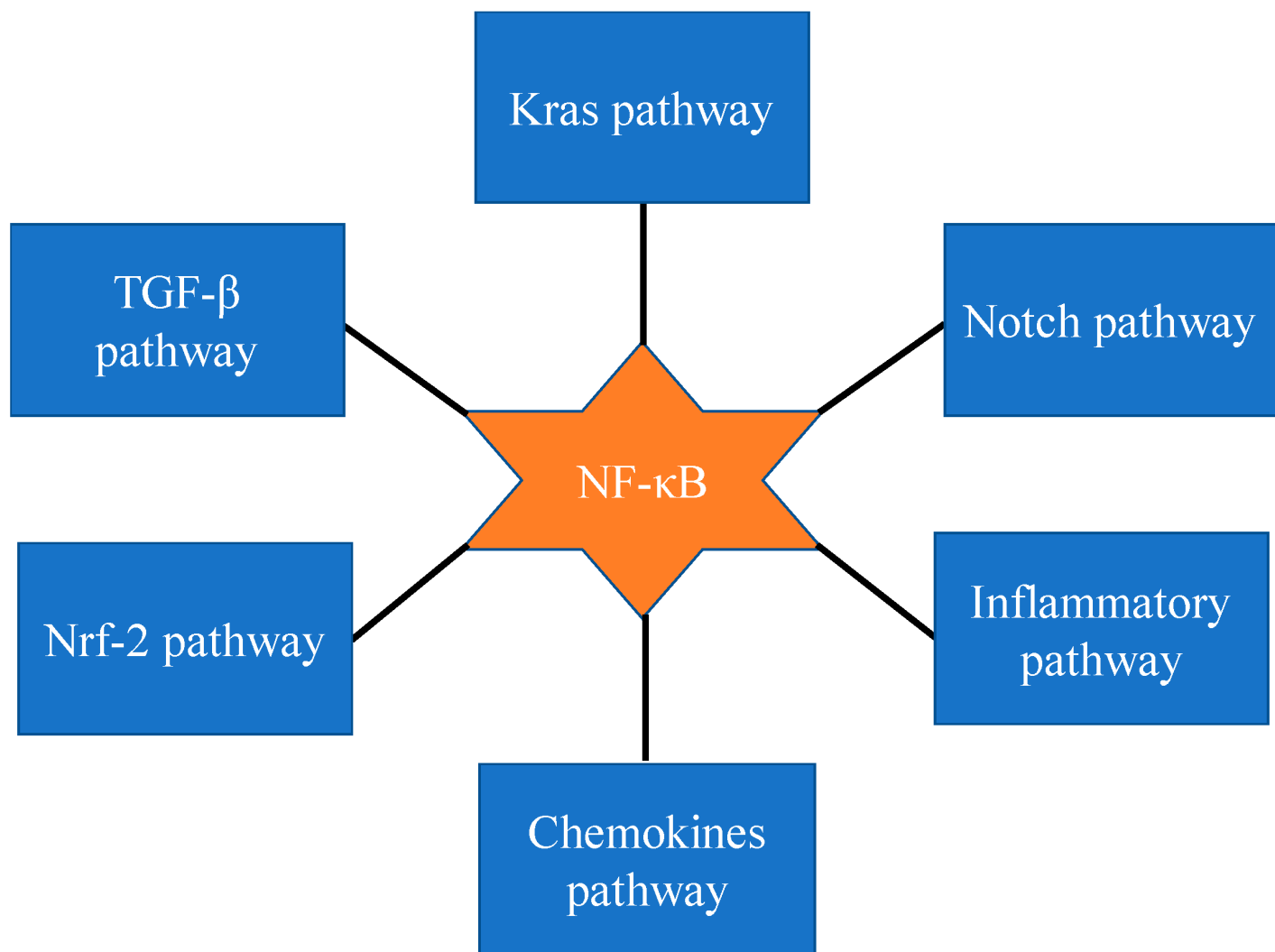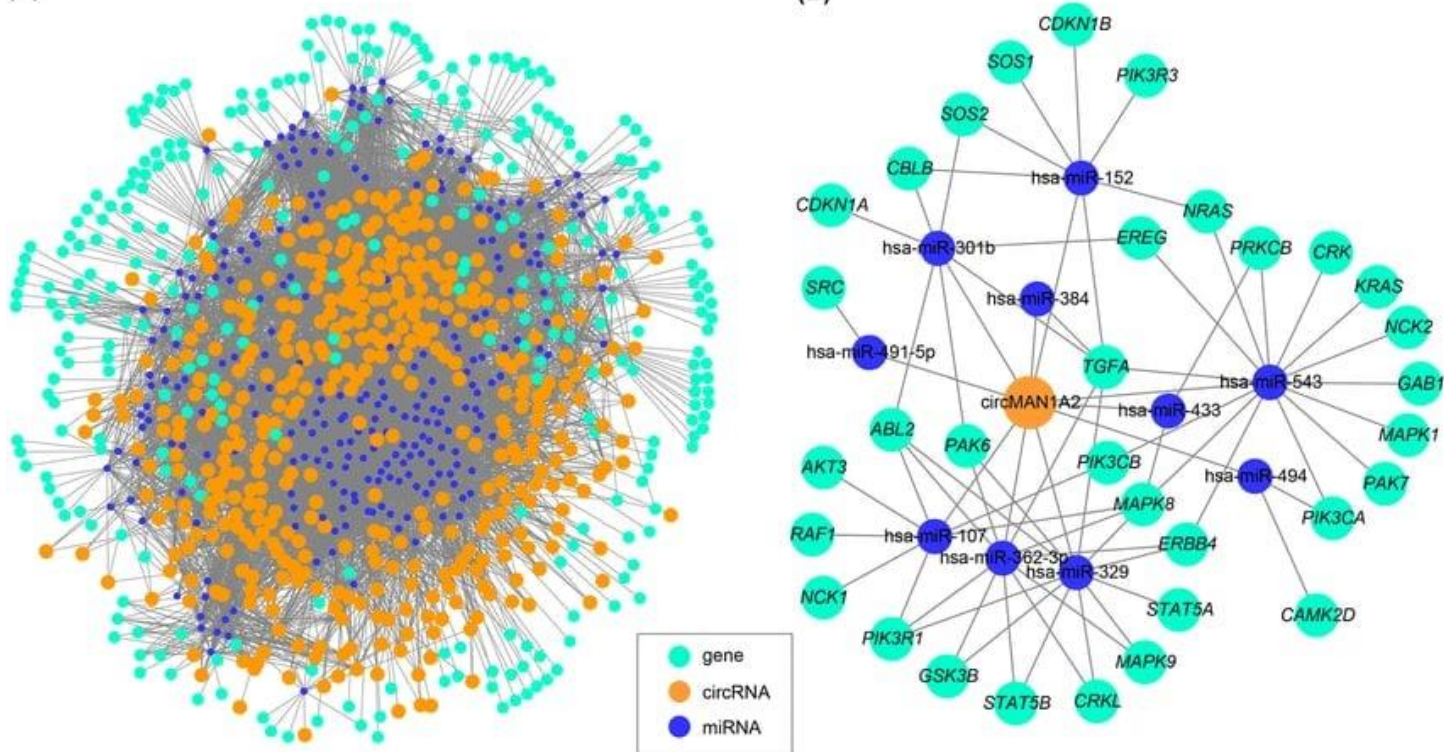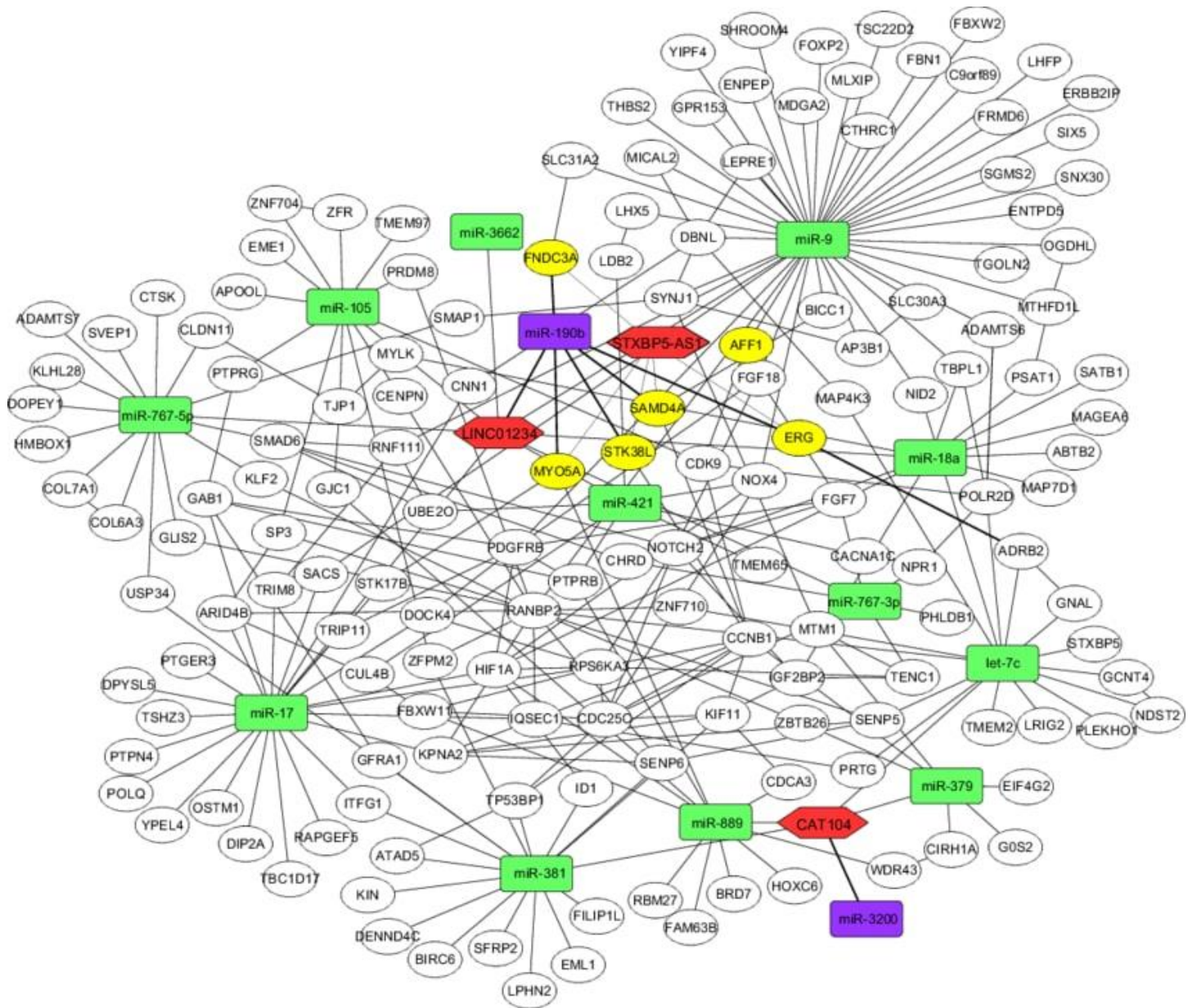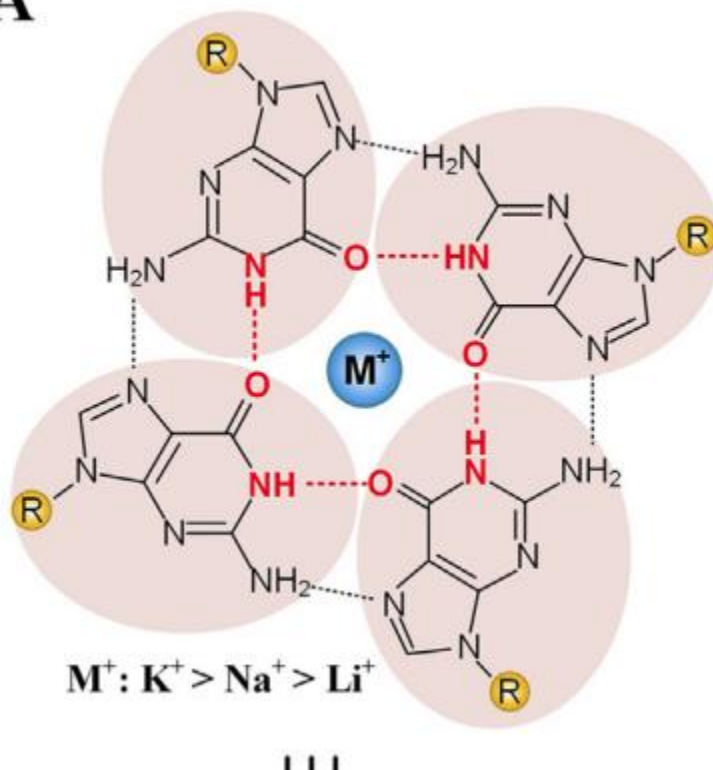
Corporate negligence occurs when a company breaches a duty of care they had toward an employee or customer. A duty of care refers to one party's responsibility to provide a reasonably safe, secure environment for the people who interact with it. In order to file a corporate negligence claim, the injured party must be able to prove that a duty of care existed and a breach of that duty occurred. Corporate negligence typically refers to a legal doctrine that holds healthcare facilities responsible for the wellbeing of their patients.

In the case of a healthcare facility such as a hospital, nursing home, or alternate care facility, if harm comes to a patient as a result of undertrained or poorly vetted employees, this could be considered corporate negligence on the part of the hiring facility. While corporate negligence is a phrase most commonly discussed in reference to medical facilities, negligence can occur when the employee of any business or entity fails to provide a reasonable degree of care to a customer or fellow employee, resulting in harm to a member of one or both groups because of supervisory oversights.

Human CD4$^+$ T cell subsets
Polarization reagents
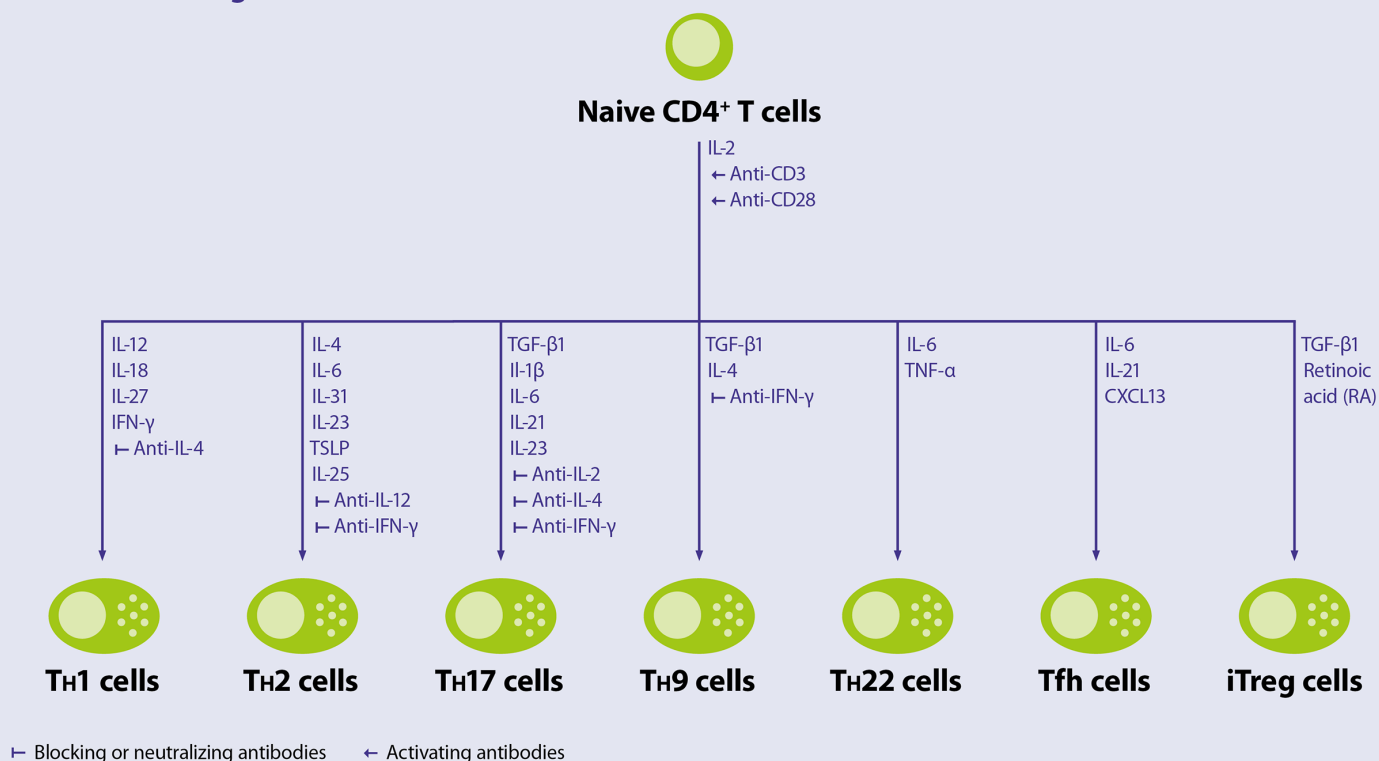
Naive CD4$^+$ T cells

IL-2
← Anti-CD3
← Anti-CD28

IL-12	IL-4	TGF-β1	TGF-β1	IL-6	IL-6	TGF-β1
IL-18	IL-6	Il-1β	IL-4	TNF-α	IL-21	Retinoic
IL-27	IL-31	IL-6	⊢ Anti-IFN-γ		CXCL13	acid (RA)
IFN-γ	IL-23	IL-21				
⊢ Anti-IL-4	TSLP	IL-23				
	IL-25	⊢ Anti-IL-2				
	⊢ Anti-IL-12	⊢ Anti-IL-4				
	⊢ Anti-IFN-γ	⊢ Anti-IFN-γ				

TH1 cells   **TH2 cells**   **TH17 cells**   **TH9 cells**   **TH22 cells**   **Tfh cells**   **iTreg cells**

⊢ Blocking or neutralizing antibodies   ← Activating antibodies

Mutant <mark>Measles morbillivirus strain MeVvac2-SARS2-S(H)</mark>, complete genome

FASTA   Graphics

Go to: ⌄

```
LOCUS       MW090971               19800 bp    cRNA    linear   SYN 02-NOV-2020
DEFINITION  Mutant Measles morbillivirus strain MeVvac2-SARS2-S(H), complete
            genome.
ACCESSION   MW090971
VERSION     MW090971.1
KEYWORDS    .
SOURCE      Measles morbillivirus
  ORGANISM  Measles morbillivirus
            Viruses; Riboviria; Orthornavirae; Negarnaviricota;
            Haploviricotina; Monjiviricetes; Mononegavirales; Paramyxoviridae;
            Orthoparamyxovirinae; Morbillivirus.
REFERENCE   1  (bases 1 to 19800)
  AUTHORS   Hoerner,C., Schuermann,C., Auste,A., Ebenig,A., Muraleedharan,S.,
            Dinnon,K.H. III, Scholz,T., Herrmann,M., Schnierle,B., Baric,R.S.
            and Muehlebach,M.D.
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            COVID-19 Vaccine
  JOURNAL   Unpublished
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            Dinnon,K.H. III, Scholz,T., Herrmann,M., Schnierle,B., Baric,R.S.
            and Muehlebach,M.D.
  TITLE     Direct Submission
  JOURNAL   Submitted (09-OCT-2020) Abteilung Veterinaermedizin,
            Paul-Ehrlich-Institut, Paul-Ehrlich-Str. 51-59, Langen, Hessia
            63225, Germany
COMMENT     ##Assembly-Data-START##
```

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The Sassy Microbe 🦠🇺🇦🪦   Follow
@thesassymicrobe
Culturing sass. Medical microbiologist (AP). VACCINATED. I am 🪦 Views are my own. Tweets are protected while I sleep. Help me fund my IBMS top up modules! ⬇️

Swaledale Mutton Co.   **Blocked**
@SwaledaleMutton
The Swaledale Mutton company, a small family business. We supply top quality prime mutton direct, and also run Sheep Keeping courses for smallholders!

Followers   **Following**

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@SwaledaleMutton
The Swaledale Mutton company, a small family business. We supply top quality prime mutton direct, and also run Sheep Keeping courses for smallholders!

The Glaive
@BronzeTalos

Followers   **Following**

Swaledale Mutton Co.   **Blocked**
@SwaledaleMutton

The Swaledale Mutton company, a small family business. We supply top
quality prime mutton direct, and also run Sheep Keeping courses for
smallholders!

Darren 📱 🍺
@spursonfifa

Followers   **Following**

Brent Lee   **Follow**
@BrentLeeSDCIC

Recovering Conspiracist. From 2003-2018 I was consumed by conspiracy
theories. I'm here to share my journey in/out of the rabbit hole to help
others.

Swaledale Mutton Co.   **Blocked**
@SwaledaleMutton

The Swaledale Mutton company, a small family business. We supply top
quality prime mutton direct, and also run Sheep Keeping courses for
smallholders!

American Council on Science and Health, Inc.

Statements of Cash Flows

	Year Ended June 30,	
	2020	2019
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 297,091	$ (690,972)
Adjustments to reconcile change in net assets		
to net cash from operating activities		
Net realized and unrealized gains on investments	(7,707)	(36,636)
Gain on cancellation of leases	-	(131,000)
Lease buyout	-	(33,900)
Loss on disposal of property and equipment	-	16,720
Depreciation	-	2,615
Changes in operating assets and liabilities		
Contributions receivable	100,000	20,801
Prepaid expenses and other current assets	(2,391)	22,020
Security deposit	-	78,117
Accounts payable and accrued expenses	(4,216)	(17,163)
Refundable advance	30,271	-
Deferred rent liability	-	14,650
Net Cash from Operating Activities	413,048	(754,748)
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of investments	(1,994)	-
Proceeds from sales of investments	38,538	734,092
Net Cash from Investing Activities	36,544	734,092
Net Change in Cash	449,592	(20,656)
CASH		
Beginning of year	73,689	94,345
End of year	$ 523,281	$ 73,689

AMERICAN COUNCIL
ON SCIENCE AND HEALTH
Promoting science and debunking junk since 1978.
This website is for educational purposes.

🔊 RSS feed

Gideon Meyerowitz-Katz

Gideon Meyerowitz-Katz is an epidemiologist working in chronic disease in Sydney's west, with a particular focus on diabetes. He writes a weekly blog on public health, policy, and science communication-particularly where these things go wrong. He has recently begun a PhD with the University of Wollongong researching the social determinants of diabetes, and is passionate about the social causes of our ill health.

Gideon M-K; Health Nerd

Feb 16, 2019 · 6 min read · ✦ Member-only · ▶ Listen

Glyphosate Isn't Giving You Cancer

Why RoundUp is probably fine for your health

Pictured: Glyphosate, probably Source: Pexels

American Council on Science and Health (ACSH)

🇺🇸 USA

Industry front group that produces PR for food and chemical industries. ACSH's leading figures have included the convicted felon (with multiple fraud convictions) Gilbert Ross and Hank Campbell, who has a taste for publishing Nazi eugenic blog posts.

Malignant Neoplasms - Mortality Deviation From Trend 2018 - 2022 (Wk 42)

Does not include: Pull Forward Effect, CDC Redactions, R00-R99, or 999 Hold
12 wk lag adjust: 0.794 - 0.999 - 26 wks post system upgrade

Deviation (Deaths)

The Ethical Skeptic

C00-D48 (Neoplasms) with Covid-19 (U07.1) removed
C00-D48 (Neoplasms)

Ages: All

	Pulled Forward	(538)
	Pull Forward Effect	3.9%
Event σ	11	MCoD Reassigns	272
Post-Inflection Excess Deaths	39,617		
Covid EUA Conformed Arrival	25%		
Past Factor X Conformed Arrival	75%		
Future Factor X Conformed Arrival	100%		

0.6% Trend Growth

Run σ = 22

CDC/NCHS System Upgrade

MMWR Week 14 2021

L A G

MMWR Week

Source: US CDC/NCHS Multiple Cause of Death on CDC WONDER Online Database, 2018-2020, and from provisional data for years 2021-2022, through the Vital Statistics Cooperative Program; http://wonder.cdc.gov/mcd-icd10-provisional.html

2018   2019   2020   2021   2022

Query Constraints:
C00-D48 (Neoplasms)

Cancers of Ill-defined and Secondary Sites - Mortality Deviation From Trend 2018 - 2022 (Wk 38)

Does not include: Pull Forward Effect, CDC Redactions, R00-R99, or 999 Hold
12 wk lag adjust: 0.8134 - 0.999 - 22 wks post system upgrade

Deviation (Deaths)

The Ethical Skeptic

C76-C80 (Malignant neoplasms of ill-defined, secondary and unspecified sites) with Covid-19 (U07.1) removed
C76-C80 (Malignant neoplasms of ill-defined, secondary and unspecified sites)

Ages: All

	Pulled Forward	(107)
Event σ	8	Pull Forward Effect	4.0%
Post-Inflection Excess Deaths	11,824	MCoD Reassigns	59
Covid EUA Conformed Arrival	26%		
Past Factor X Conformed Arrival	74%		
Future Factor X Conformed Arrival	100%		

3.3% Trend Growth

Run σ = 12

CDC/NCHS System Upgrade

Attribution Effect

MMWR Week 14 2021

L A G

MMWR Week

Source: US CDC/NCHS Multiple Cause of Death on CDC WONDER Online Database, 2018-2020, and from provisional data for years 2021-2022, through the Vital Statistics Cooperative Program; http://wonder.cdc.gov/mcd-icd10-provisional.html

2018   2019   2020   2021   2022

Query Constraints:

MCD - ICD-10 Codes: C76.0 (Head, face and neck - Malignant neoplasms); C76.1 (Thorax - Malignant neoplasms); C76.2 (Abdomen - Malignant neoplasms); C76.3 (Pelvis - Malignant neoplasms); C76.4 (Upper limb - Malignant neoplasms); C76.5 (Lower limb - Malignant neoplasms); C76.7 (Other ill-defined sites - Malignant neoplasms); C76.8 (Overlapping lesion of other and ill-defined sites - Malignant neoplasms); C77.0 (Lymph nodes of head, face and neck - Malignant neoplasms); C77.1 (Intrathoracic lymph nodes - Malignant neoplasms); C77.2 (Intra-abdominal lymph nodes - Malignant neoplasms); C77.3 (Axillary and upper limb lymph nodes - Malignant neoplasms); C77.4 (Inguinal and lower limb lymph nodes - Malignant neoplasms); C77.5 (Intrapelvic lymph nodes - Malignant neoplasms); C77.8 (Lymph nodes of multiple regions - Malignant neoplasms); C77.9 (Lymph node, unspecified - Malignant neoplasms); C78.0 (Secondary malignant neoplasm of lung - Malignant neoplasms); C78.1 (Secondary malignant neoplasm of mediastinum - Malignant neoplasms); C78.2 (Secondary malignant neoplasm of pleura - Malignant neoplasms); C78.3 (Secondary malignant neoplasm of other and unspecified respiratory organs - Malignant neoplasms); C78.4 (Secondary malignant neoplasm of small intestine - Malignant neoplasms); C78.5 (Secondary malignant neoplasm of large intestine and rectum - Malignant neoplasms); C78.6 (Secondary malignant neoplasm of retroperitoneum and peritoneum - Malignant neoplasms); C78.7 (Secondary malignant neoplasm of liver - Malignant neoplasms); C78.8 (Secondary malignant neoplasm of other and unspecified digestive organs - Malignant neoplasms); C79.0 (Secondary malignant neoplasm of kidney and renal pelvis - Malignant neoplasms); C79.1 (Secondary malignant neoplasm of bladder and other and unspecified urinary organs - Malignant neoplasms); C79.2 (Secondary malignant neoplasm of skin - Malignant neoplasms); C79.3 (Secondary malignant neoplasm of brain and cerebral meninges - Malignant neoplasms); C79.4 (Secondary malignant neoplasm of other and unspecified parts of nervous system - Malignant neoplasms); C79.5 (Secondary malignant neoplasm of bone and bone marrow - Malignant neoplasms); C79.6 (Secondary malignant neoplasm of ovary - Malignant neoplasms); C79.7 (Secondary malignant neoplasm of adrenal gland - Malignant neoplasms); C79.8 (Secondary malignant neoplasm of other specified sites - Malignant neoplasms); C80 (Malignant neoplasm without specification of site)

Fertility declines near the end of the COVID-19 pandemic: Evidence of the 2022 birth declines in Germany and Sweden

Martin Bujard[1] and Gunnar Andersson[2]

Abstract

Following the onset of the COVID-19 pandemic, several countries faced short-term fertility declines in 2020 and 2021, a development which did not materialize in Scandinavian and German-speaking countries. However, more recent birth statistics show a steep fertility decline in the aftermath of the pandemic in 2022. We aim to provide data on the unexpected birth decline in 2022 in Germany and Sweden and relate these data to pandemic-related contextual developments which could have influenced the post-pandemic fertility development. We rely on monthly birth statistics and present seasonally adjusted monthly Total Fertility Rates (TFR) for Germany and Sweden. We relate the nine-months lagged fertility rates to contextual developments regarding COVID-19 mortality and morbidity, unemployment rates, and COVID-19 vaccinations.

The seasonally adjusted monthly TFR of Germany dropped from 1.5-1.6 in 2021 to 1.3-1.4 in 2022, a decline of about 14 %. In Sweden, the corresponding TFR dropped from about 1.7 in 2021 to 1.5-1.6 in 2022, a decline of almost 10 %. There is no association of the fertility trends with changes in unemployment, infection rates, or COVID-19 deaths. However, there is a strong association between the onset of vaccination programmes and the fertility decline nine months after of this onset. The fertility decline in the first months of 2022 in Germany and Sweden is remarkable. Common explanations of fertility change during the pandemic do not apply in its aftermath. The association between the onset of mass vaccinations and subsequent fertility decline indicates that people adjusted their behaviour to get vaccinated before becoming pregnant, as societies were opening up with post-pandemic life conditions. Our study provides novel information on fertility declines in countries previously not affected by any COVID-19 baby bust. We provide a first appraisal of the COVID-19-fertility nexus in the immediate aftermath of the pandemic.

Fertility declines near the end of the COVID-19 pandemic: Evidence of the 2022 birth declines in Germany and Sweden

Martin Bujard[1] and Gunnar Andersson[2]

Abstract

Following the onset of the COVID-19 pandemic, several countries faced short-term fertility declines in 2020 and 2021, a development which did not materialize in Scandinavian and German-speaking countries. However, more recent birth statistics show a steep fertility decline in the aftermath of the pandemic in 2022. We aim to provide data on the unexpected birth decline in 2022 in Germany and Sweden and relate these data to pandemic-related contextual developments which could have influenced the post-pandemic fertility development. We rely on monthly birth statistics and present seasonally adjusted monthly Total Fertility Rates (TFR) for Germany and Sweden. We relate the nine-months lagged fertility rates to contextual developments regarding COVID-19 mortality and morbidity, unemployment rates, and COVID-19 vaccinations.

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Dr. Fauci ✓ @jakUbak2mars · 46m

Replying to @elonmusk and @nypost

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen. ByE
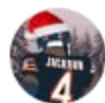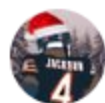
💬 25   🔁 5   ♡ 19   ⬆

Xathoron 🇺🇸🇲🇽🇯🇵 @JJ33_Lockdown · 8m

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen. ByE

💬   🔁 1   ♡   ⬆

Rafael. @RafaelFCBacardi · 5h

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen. Bye.

💬   🔁 3   ♡ 3   ⬆

RyanNinja 🇭🇹 @RyaanNinja · 3h

Replying to @elonmusk

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous Haiti! 🇭🇹 So long, America! You've just lost a citizen. ByE

💬 36   🔁 2   ♡ 15   ⬆

CW9 ⚡ **@WATSONVISION** · 1h

Replying to @elonmusk and @nypost

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen. ByE

💬 74   🔁   ♡ 16   ⬆️

808s & Youngboy ✔ **@RatioedBy808s** · 3h

Replying to @elonmusk

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen. ByE
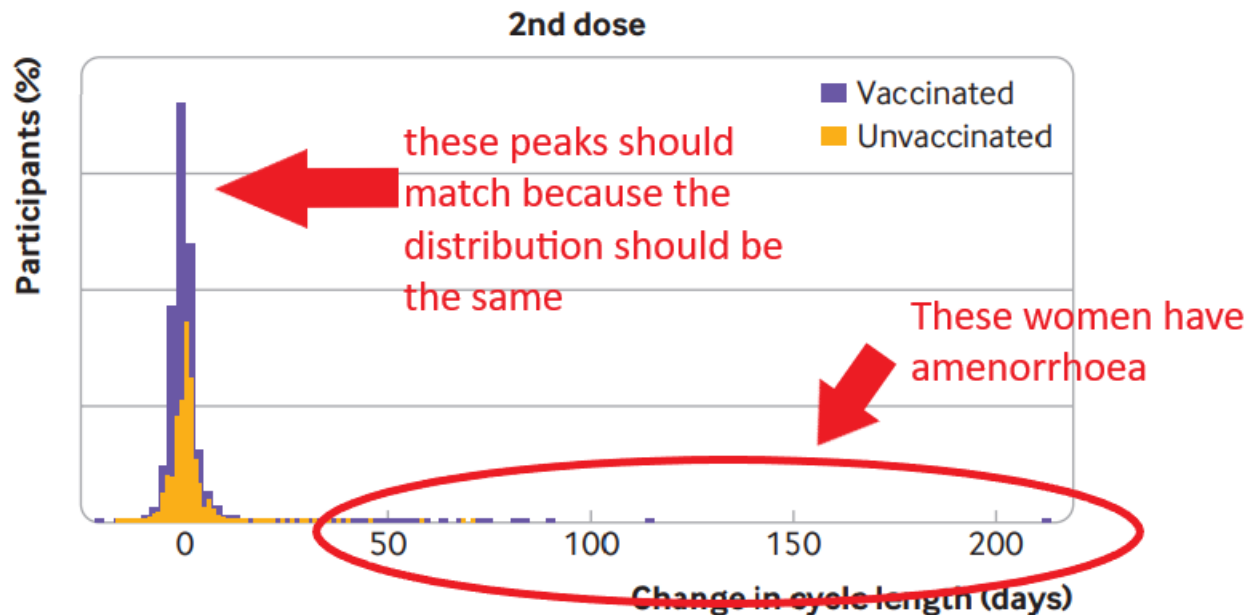
💬 166   🔁 10   ♡ 392   ⬆️

Warlord Dinucci **@needabev** · 2h

Replying to @DrewHLive and @TribleSocial

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous UKRAINE 🇺🇦! So long, America! You've just lost a citizen.

💬 12   🔁 2   ♡ 11   ⬆️

Currently(3-6)(7-7-3) we suck **@TrickyRicky_58** · 1h

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen. ByE

💬 1   🔁 2   ♡ 1   ⬆️

Hi-Rez ☑ @HiRezTheRapper · 2h

Replying to @realDonaldTrump

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous HAWAII ! So long, America! You've just lost a citizen. ByE

💬 230   🔁 25   ♡ 177   ⬆️

● @bojackpick · 2h

Replying to @TrungTPhan and @elonmusk

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen. ByE

💬 92   🔁 9   ♡ 66   ⬆️

● @bojackpick · 3h

Replying to @realDonaldTrump

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen. ByE

💬 438   🔁 37   ♡ 564   ⬆️

---

ritesh @ShekarRitesh · Nov 19

Replying to @elonmusk

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy **Twitter**. Instead I'll be moving to A CIVILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen

💬 646   🔁 17   ♡ 155   ⬆️

Y B @YBKentrell · Oct 29

Replying to @SportsCenter and @MLB

If Elon musk takes over Twitter and brings Donald trump back I will be leaving this country I got my passport last week when I heard he might buy Twitter instead I'll **be** moving to A civilised country, the gorgeous Tanzania 🇹🇿 ! So long, america ! You just lost a citizen.

💬 4   🔁 1   ♡ 6   ↥

---

alex ✔ @highlghtheaven · 3h

Replying to @elonmusk

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy Twitter. Instead I'll **be** moving to A CIVILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen. ByE

💬 76   🔁 25   ♡ 1,029   ↥

---

lexy @lexycat_ · Oct 28

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy Twitter. Instead I'll **be** moving to A CIVILIZED COUNTRY, the gorgeous Somalia⭐⭐! So long, America! You've just lost a citizen.

💬 15   🔁 9   ♡ 142   ↥

808s & Youngboy ✔ @RatioedBy808s · Oct 31

Replying to @elonmusk

If Elon Musk takes over Twitter and brings Donald Trump back, I will be leaving this country. I got my passport last week when I heard he might buy Twitter. Instead I'll **be** moving to A CIVILIZED COUNTRY, the gorgeous TANZANIA 🇹🇿! So long, America! You've just lost a citizen. Bye.

💬 1,940   🔁 161   ♡ 3,317   ↥

Two features on this graph indicate the possibility of premature ovarian failure in a subset of the participants. This would be masked by the use of the median or mean as a metric

2nd dose

these peaks should match because the distribution should be the same

These women have amenorrhoea

Participants (%)

Vaccinated
Unvaccinated

0   50   100   150   200

Change in cycle length (days)

A sign for the U.S. Food and Drug Administration outside of the headquarters in White Oak, Md., on July 20, 2020.... ∨ MORE

AMERICA PREMIUM

FDA Says Telling People Not to Take Ivermectin for COVID-19 Was Just a Recommendation

By Zachary Stieber

November 19, 2022 Updated: November 19, 2022

A A

		>10% decrease	
		n	%
Age groups	<30	33	41.77
	30–35	10	32.26
	>35	8	42.11

Laws governing new drugs had been on the books for decades but were not always rigorously enforced, and F.D.A. approval was often routine. But Dr. Kelsey, working with a chemist and a pharmacologist, found the evidence for Merrell's claims about Kevadon [the brand name for thalidomide] to be insufficient. She withheld approval and asked Merrell for more data on toxicity, strength and purity.

Merrell stood to make millions and was anxious to get moving. It had tons of Kevadon in warehouses, ready for marketing, and 1,000 American doctors had already been given samples for "investigational" research. The company supplied more data, but also mounted a campaign to pressure Dr. Kelsey. Letters, calls and visits from Merrell executives ensued. She was called a fussy, stubborn, unreasonable bureaucrat.

A mini review of published literature has been conducted and found that mental stress clearly causes vasoconstriction and arterial constriction of the blood vessels. Therefore, if subjects are panicked, concerned, stressed or scared of the vaccination, their arteries will constrict and become smaller in and around the time of receiving the vaccine. This biological mechanism (the constriction of veins, arteries and vessels under mental stress) is the most likely cause for where there has been blood clots, strokes, heart attacks, dizziness, fainting, blurred vision, loss of smell and taste that may have been experienced shortly after vaccine administration. The extreme mental stress of the patient could most likely be attributed to the fear mongering and scare tactics used by various anti-vaccination groups.

Dates Written

Monday, 22 November 2021.

Contributors

Raymond D Palmer.

Conflict of interest

Raymond D Palmer is Chief Science Officer of Full Spectrum Biologics.

Acknowledgements

N/A.

English Editor

Full Spectrum Biologics - The Science of Healthy Aging

Have Access To Cutting Edge Health Data

Insights Into Disease Potential And Biological Aging
Preventative Technologies And Full Biological Surveillance

What Is Your Chronological Age Versus Your Biological Age?

What Is Your Likelihood Of Developing Disease?

If You Have Genes For Disease , Can You Take Evasive Action?

5. Nicotinamide adenine dinucleotide and the sirtuins caution: Pro-cancer functions.

Palmer RD, Vaccarezza M.

Aging Med (Milton). 2021 Nov 30;4(4):337-344. doi: 10.1002/agm2.12184. eCollection 2021 Dec.

PMID: 34964015   Free PMC article.   Review.

Cite

Share

6. Precursor comparisons for the upregulation of nicotinamide adenine dinucleotide. Novel approaches for better aging.

Palmer RD, Elnashar MM, Vaccarezza M.

Aging Med (Milton). 2021 Aug 4;4(3):214-220. doi: 10.1002/agm2.12170. eCollection 2021 Sep.

PMID: 34553119   Free PMC article.   Review.

Cite

Share

7. New Promises and Challenges on Inflammation and Atherosclerosis: Insights From CANTOS and CIRT Trials.

Palmer RD, Vaccarezza M.

Front Cardiovasc Med. 2019 Jul 2;6:90. doi: 10.3389/fcvm.2019.00090. eCollection 2019.

PMID: 31312638   Free PMC article.   No abstract available.

Cite

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Top co-authors

Magdy Elnashar
Curtin University

Mauro Vaccarezza
Curtin University

Devahuti Chaliha
Curtin University

Veronica Papa
Parthenope University of Naples

Ione Swanepoel

Co miRNA ty

The p38 MAPK phosphorylation pathway has been described as a disease-associated sequela of exposure to the synthetic mRNAs coding for the SARS-CoV-2 spike protein. Moreover, the p38 MAPK phosphorylation pathway inhibits autophagy. This also leads to increased levels of p53. In this way, the formation of the PrP^{SC} infectious isoform triggers a molecular cascade of neurotoxic events that involve the p38 MAPK pathway [60,73].

Australian Government

Department of Health and Aged Care

████████████

████████████

Dear ████████████

Thank you for your correspondence of 4, 7 October and 9 November 2022 to the Minister for Health and Aged Care, the Hon Mark Butler MP regarding the COVID-19 Vaccine Claims Scheme (the Scheme). The Minister has asked me to reply. I have addressed the three pieces of your correspondence below.

Your letter seeks clarification on whether the Government has established a medical indemnity scheme for health professionals administering COVID-19 vaccines, following media releases by the former government on 2 July 2021 and 28 August 2021. I can advise that rather than putting in place a medical indemnity scheme for health professionals, the former Government established the no-fault Scheme, which commenced operations on 13 December 2021.

Importantly, this means that a person making a claim under the Scheme, does not need to establish that another party was at fault. The injured person, does, however, need to provide evidence (detailed in the Scheme Policy) to establish that the harm (or a person's death) was likely caused by a Therapeutic Good Administration (TGA) approved vaccine or its administration, to be able to access compensation under the Scheme. While a medical indemnity scheme for health professionals administering the COVID-19 vaccine was not established per se, the creation of the no-fault Scheme was intended to support increased participation by health professionals in the COVID-19 Vaccination roll-out.

I can advise that the TGA closely monitors the safety of COVID-19 vaccines and has a well-established and robust system in place to capture reports of suspected adverse effects of all medicines including the COVID-19 vaccines.

Informed Consent
Informed consent should be obtained for every COVID-19 vaccination, as per usual consent procedures for other vaccinations.

Vax % at Delivery (>= 2 doses) vs Delta Deliveries (Digital NHS vs UKHSA)
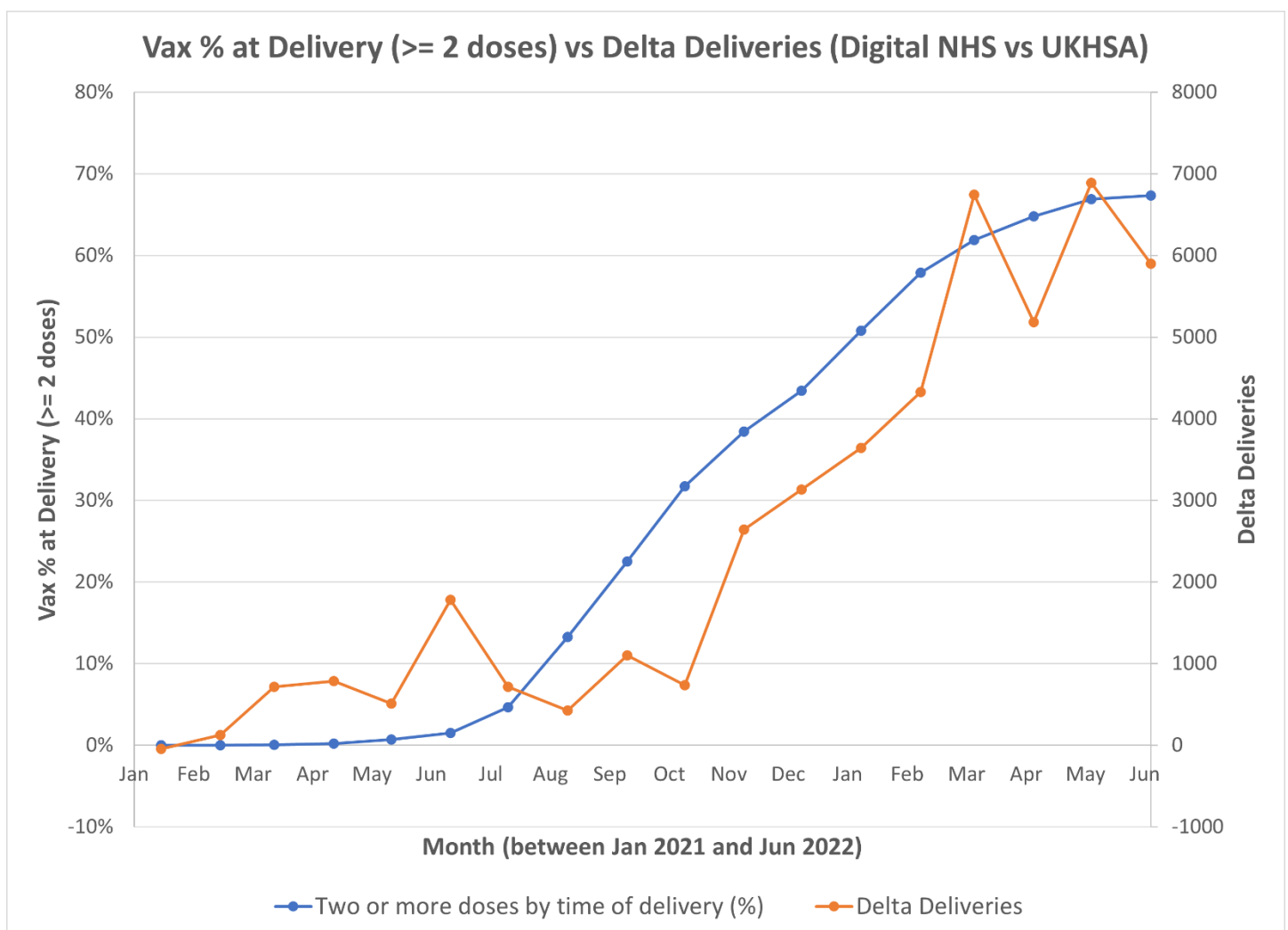
Co miRNA ty

Considerable work has now gone into developing enhanced mRNA protocols that address the weak points of the protocol originally described by Warren et al. in 2010.[18] A major focus has been to further accelerate the rapid induction seen with the original system by potentiating the RNA cocktail through incorporation of additional reprogramming factors, use of "engineered" chimeric transcription factors with extra transactivating domains, and co-transfection of microRNAs (miRNAs) that synergize with the protein factors to promote mesenchymal-epithelial transition and pluripotency.[43], [44], [45] In some instances, these approaches support robust iPSC induction from human fibroblasts with as few as four transfections. These accelerated protocols much reduce hands-on time and lower reagent costs. Compressing the reprogramming timeline has also enabled the development of streamlined protocols in which iPSC derivation is performed in a single culture vessel coated with a defined substrate without any need for feeder cells. Feeder-free derivation is now the standard for mRNA reprogramming, as it is for most competing systems. The newer protocols have already been used to derive iPSCs from hundreds of patient-specific fibroblast lines with a very high success rate, testifying to their robustness in practice.

	Notes	2021 £	2020 £
Fixed assets			
Tangible assets:	3	427,317	305,947
Total fixed assets:		427,317	305,947
Current assets			
Stocks:		473,046	241,742
Debtors:		444,453	109,369
Cash at bank and in hand:		1,241,136	673,036
Total current assets:		2,158,635	1,024,147
Creditors: amounts falling due within one year:		(550,523)	(590,650)
Net current assets (liabilities):		1,608,112	433,497
Total assets less current liabilities:		2,035,429	739,444
Provision for liabilities:		(73,970)	(58,130)
Total net assets (liabilities):		1,961,459	681,314

Derek A Mann
@derekamann1

You're blocked

You can't follow or see @derekamann1's Tweets.
Learn more

COMPANY HAVING A SHARE CAPITAL

Memorandum of association of **Genomics England Limited**

Each subscriber to this memorandum of association wishes to form a company under the Companies Act 2006 and agrees to become a member of the company and to take at least one share

Name of each subscriber	Authentication by each subscriber
Secretary of State for Health	*Prwarm.*

Since 2020, she has also been a member of the UN Global Leaders Group on Antimicrobial Resistance, co-chaired by Prime Minister Mia Mottley of Barbados and Sheikh Hasina Wazed, Prime Minister of Bangladesh.

She is currently a non-executive director on the boards of: The Institute for Health Metrics and Evaluation; Genomics PLC; The Blavatnik School of Government, University of Oxford; and **The Clinton Health Access Initiative.**

She was formerly on the boards of Cumberland Lodge and Ashridge Business School, Genomics England Ltd. and UK Research & Innovation.

From 2004 to 2016, Dame Sally was the Chief Scientific Adviser for the Department of Health, where she established and then became the inaugural Director of the National Institute for Health Research (NIHR).

Forever_Bored @ForeverBored_AU · 23m   ···
Replying to @TheJikky @MaryanneDemasi and 12 others
You got @mikestockmusic to retweet you, so goal accomplished I guess. 🙄

Forever_Bored
@ForeverBored_AU

You're blocked

You can't follow or see @ForeverBored_AU's Tweets.
Learn more

The Prime Minister has pledged that the UK will map 100,000 human genomes by 2017.

Now, as world leading research organisations join forces, the 100,000 Genomes Project has reached a major milestone in a package of new investment.

The Prime Minister is today unveiling a new partnership between Genomics England and the company Illumina that will deliver infrastructure and expertise to turn the plan into reality. As part of this, Illumina's services for whole genome sequencing have been secured in a deal worth around £78 million.

Jeremy:

I just got off the phone with Kristian Anderson and he related to me his concern about the Furine site mutation in the spike protein of the currently circulating 2019-nCoV.   I told him that as soon as possible he and Eddie Holmes should get a group of evolutionary biologists together to examine carefully the data to determine if his concerns are validated.   He should do this very quickly and if everyone agrees with this concern, they should report it to the appropriate authorities.   I would imagine that in the USA this would be the FBI and in the UK it would be MI5.   It would be important to quickly get confirmation of the cause of his concern by experts in the field of coronaviruses and evolutionary biology. In the meantime, I will alert my US. Government official colleagues of my conversation with you and Kristian and determine what further investigation they recommend. Let us stay in touch.

Best regards,

Tony

Dear Jeremey, Ron and all,

Thanks for inviting me on the call yesterday. I am also agnostic on this - I do not have any experience of laboratory virology and don't know what it is likely or not in that context. From a (natural) evolutionary point of view the only thing here that strikes me as unusual is the furin cleavage site. It strongly suggests to me that we are missing something important in the origin of this virus. My inclination would be that it is a missing host species in which this feature arose because it was selected for in that host. We can see this insertion has resulted in an extremely fit virus in humans - we can also deduce that it is not optimal for transmission in bat species.

From: [(b) (6)]

Date: Sunday, 2 February 2020 at 09:38

To: Jeremy Farrar [(b) (6)]

Cc: [(b) (6)] "Fauci, Anthony (NIH/NIAID) [E]" [(b) (6)], Patrick Vallance [(b) (6)], "Drosten, Christian" [(b) (6)], Marion Koopmans [(b) (6)] Edward Holmes [(b) (6)] [(b) (6)], "Kristian G. Andersen" [(b) (6)], Paul Schreier [(b) (6)] Michael FMedSci [(b) (6)] Francis Collins [(b) (6)], [(b) (6)] Josie Golding <J.Golding@wellcome.ac.uk>

Subject: Re: Teleconference

Dear Jeremey, Ron and all,

Thanks for inviting me on the call yesterday. I am also agnostic on this - I do not have any experience of laboratory virology and don't know what it is likely or not in that context. From a (natural) evolutionary point of view the only thing here that strikes me as unusual is the furin cleavage site. It strongly suggests to me that we are missing something important in the origin of this virus. My inclination would be that it is a missing host species in which this feature arose because it was selected for in that host. We can see this insertion has resulted in an extremely fit virus in humans - we can also deduce that it is not optimal for transmission in bat species.

The alternative is that it arose early in the human outbreak, perhaps during a longer period of hidden transmission and then the current epidemic is the result of this mutation but this seems less likely to me (it didn't happen in SARS for example).

Perhaps this needs to be discussed urgently, not only because of the lurid claims on Twitter but because if it is in a non-human host, pre-adapted, it may threaten control efforts through new zoonotic jumps (although perhaps we are beyond this point now).

The biggest hindrance at the moment (for this and more generally) is the lack of data and information. There have been no genome sequences from Wuhan for cases more recent than the beginning of January and reports, but no information, about virus from non-human animals in Wuhan. If the evolutionary origins of the epidemic were to be discussed, I think the only people with sufficient information or access to samples to address it would be the teams working in Wuhan.

Best,
Andrew

Andrew Rambaut on Twitter

24 May 2021 · **Andrew Rambaut @arambaut** May 24 My interest, as an evolutionary biologist of viruses, is knowing for certain whether B.1.617.2 is more transmissible so we can look at the mutations that caused this. But... for people who have to make decisions, it is the risk and consequences that matter. 4 replies 12 retweets 109 likes 4 12 109 Santa is airborne

Andrew Rambaut on Twitter: "To kick off I took a dataset from about t...

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Andrew Rambaut 🦠 🧬 🌲 🔮 👤 on Twitter

Andrew Rambaut @arambaut 9 Apr 2020 The first is that tries to root a SARS-CoV-2 tree using the bat virus RaTG13. This is the closest non-human virus but still has > 1100 nucleotide differences to SC2. Note however the branch to the bat is a bit shorter than that for some reason. 9 replies 32 retweets 162 likes 9 32 162 **Andrew Rambaut**

Andrew Rambaut 🦠 🧬 🌲 🔮 👤 on Twitter: "Totally agree, David. Th...

24 May 2021 · **@arambaut** Professor of Molecular Evolution | University of Edinburgh | FRSE Edinburgh artic.network Joined July 2011 Tweets © 2021 Twitter About Help Center Terms Privacy policy Cookies Ads info Dismiss Close Previous Next Close Go to a person's profile Saved searches Remove In this conversation

Andrew Rambaut on Twitter: "There are over 2700 genomes with 43...

30 Dec 2020 · "@NathanGrubaugh @JosephFauver @DannyJPark @EvolveDotZoo @K_G_Andersen @GavinNewsom @SanDiegoCounty @scrippsresearch @UCSanDiego @dmaccannell There are over 2700 genomes with 439K and the 69-70 deletion but all so far in Europe. Got to be a likely candidate though."

Andrew Rambaut 🔒
@arambaut

📅 Joined May 2022

0 Following   **0** Followers

These Tweets are protected

Only approved followers can see @arambaut's Tweets. To request access, click Follow. Learn more

1. The biorxiv publication by Prashant Pradhan and colleagues from Delhi ("Uncanny similarity of unique inserts in the 2019-nCoV spike protein to HIV-1 gp120 and Gag") has already been heavily debated on biorxiv and virological.org. The similarity between the inserts in 2019-nCoV spike and sequences of HIV-1 is accidental. These are very short insert sequences that are highly similar to many Genbank entries. Such similarities are explained by pure chance alone. **LIE**

2. Andrew Rambaut analyzed the level of mutations in the spike region of SARS-CoV with that of its closest bat virus relative and of 2019-nCoV and its closest bat virus relative. The level of mutations between the two pairs of viruses was in the same range. Thus, this level of mutations can arise under circumstances of natural emergence. **LIE**

3. Bat coronaviruses generally do not have a furin cleavage site in the spike protein. Some human coronaviruses do have a furin cleavage site in spike, which must have evolved naturally. As animal reservoir and spill-over hosts are highly under-sampled, the presence of a furin cleavage site in spike in such species is unknown. When coronaviruses jump host barriers, this frequently involved adaptation of cleavage sites that may be targeted by various proteases. Given the presence of furin-like sites in human coronavirus and the mutation of protease cleavage sites upon coronavirus host-jumps in general, a natural origin of the furin site is certainly not impossible. **LIE**

4. The BamHI restriction endonuclease site evolved due to a single (silent) nucleotide substitution as compared to the closest relative bat virus genome sequence. Restriction sites of 6 nucleotides can be found in every sequence, all over the genome, when 1 of the 6 positions is allowed to vary. We now find BamHI, next time it might be one of the plethora of other 6-nucleotide sequence motifs. This can be explained by pure chance. **LIE**

Daoyu
@Daoyu15

Replying to @Kevin_McKernan

Note that: Bacteria is not a host of Betacoronaviruses or any Coronaviruses—they are eukaryotic only viruses that can't replicate in them. The CTCCTCGGCGGGCACGTAG sequence is absent in all mammalian Transcriptomes.

7:18 AM · Feb 22, 2022 · Twitter for iPhone

- TNGTKR is encoded by **acc aat ggt act aag agg**

- HKNNKS is encoded by **cac aaa aac aac aaa agt**

- RSYLTPGDSSSG is encoded by <mark>aga agt tat ttg act cct ggt gat tct tct tca ggt</mark>

This sequence did not exist in nature before 2019

Abstract

The recent outbreak of coronavirus disease (COVID-19) caused by SARS-CoV-2 infection in Wuhan, China has posed a serious threat to global public health. To develop specific anti-coronavirus therapeutics and prophylactics, the molecular mechanism that underlies viral infection must first be defined. Therefore, we herein established a SARS-CoV-2 spike (S) protein-mediated cell–cell fusion assay and found that SARS-CoV-2 showed a superior plasma membrane fusion capacity compared to that of SARS-CoV. We solved the X-ray crystal structure of six-helical bundle (6-HB) core of the HR1 and HR2 domains in the SARS-CoV-2 S protein S2 subunit, revealing that several mutated amino acid residues in the HR1 domain may be associated with enhanced interactions with the HR2 domain. We previously developed a pan-coronavirus fusion inhibitor, EK1, which targeted the HR1 domain and could inhibit infection by divergent human coronaviruses tested, including SARS-CoV and MERS-CoV. Here we generated a series of lipopeptides derived from EK1 and found that EK1C4 was the most potent fusion inhibitor against SARS-CoV-2 S protein-mediated membrane fusion and pseudovirus infection with IC50s of 1.3 and 15.8 nM, about 241- and 149-fold more potent than the original EK1 peptide, respectively. EK1C4 was also highly effective against membrane fusion and infection of other human coronavirus pseudoviruses tested, including SARS-CoV and MERS-CoV, as well as SARSr-CoVs, and potently inhibited the replication of 5 live human coronaviruses examined, including SARS-CoV-2. Intranasal application of EK1C4 before or after challenge with HCoV-OC43 protected mice from infection, suggesting that EK1C4 could be used for prevention and treatment of infection by the currently circulating SARS-CoV-2 and other emerging SARSr-CoVs.

Subject terms: Membrane fusion, Electron microscopy
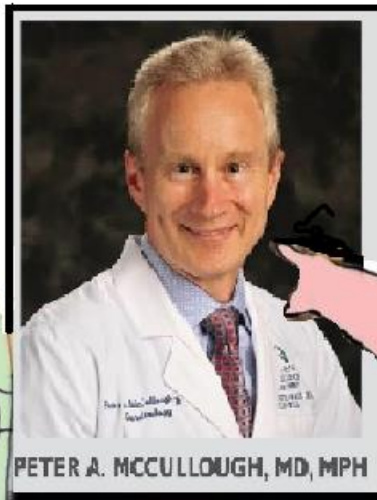
PETER A. MCCULLOUGH, MD, MPH

Random Dude=

World renowned Heart Doctor

Inventor of using "RNA as a drug" and core mRNA and DNA Vaccine Technologies

Random dude=
Dr Robert Malone

New Promises and Challenges on Inflammation and Atherosclerosis: Insights From CANTOS and CIRT Trials

Raymond D Palmer [1], Mauro Vaccarezza [2]

Affiliations — collapse

Affiliations

1 Helium-3 Biotech, South Perth, WA, Australia.
2 Faculty of Health Sciences, School of Pharmacy and Biomedical Science, Curtin University, Perth, WA, Australia.

Magdy Elnashar

Curtin University · School of Medicine
B.Sc., M.Sc. and Ph.D.

About   Publications (51)   Network   Projects (1)

Precursor comparisons for the upregulation of nicotinamide adenine dinucleotide. Novel approaches for better aging

Authors:

Ray Palmer
Full Spectrum Biologics

Magdy Elnashar
Curtin University

Mauro Vaccarezza
Curtin University

Dear Jeremey, Ron and all,

Thanks for inviting me on the call yesterday. I am also agnostic on this - I do not have any experience of laboratory virology and don't know what it is likely or not in that context. From a (natural) evolutionary point of view the only thing here that strikes me as unusual is the furin cleavage site. It strongly suggests to me that we are missing something important in the origin of this virus. My inclination would be that it is a missing host species in which this feature arose because it was selected for in that host. We can see this insertion has resulted in an extremely fit virus in humans - we can also deduce that it is not optimal for transmission in bat species.

The alternative is that it arose early in the human outbreak, perhaps during a longer period of hidden transmission and then the current epidemic is the result of this mutation but this seems less likely to me (it didn't happen in SARS for example).

Perhaps this needs to be discussed urgently, not only because of the lurid claims on Twitter but because if it is in a non-human host, pre-adapted, it may threaten control efforts through new zoonotic jumps (although perhaps we are beyond this point now).

The biggest hindrance at the moment (for this and more generally) is the lack of data and information. There have been no genome sequences from Wuhan for cases more recent than the beginning of January and reports, but no information, about virus from non-human animals in Wuhan. If the evolutionary origins of the epidemic were to be discussed, I think the only people with sufficient information or access to samples to address it would be the teams working in Wuhan.

Best,
Andrew

Andrew Rambaut on Twitter

24 May 2021 · **Andrew Rambaut** @arambaut May 24 My interest, as an evolutionary biologist of viruses, is knowing for certain whether B.1.617.2 is more transmissible so we can look at the mutations that caused this. But... for people who have to make decisions, it is the risk and consequences that matter. 4 replies 12 retweets 109 likes 4 12 109 Santa is airborne

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24 May 2021 · @arambaut Professor of Molecular Evolution | University of Edinburgh | FRSE Edinburgh artic.network Joined July 2011 Tweets © 2021 Twitter About Help Center Terms Privacy policy Cookies Ads info Dismiss Close Previous Next Close Go to a person's profile Saved searches Remove In this conversation

Andrew Rambaut on Twitter: "There are over 2700 genomes with 43...

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Then they destroyed...	the evidence
Then they lied...	to the president
Then they labeled...	a generic drug "horse-de-wormer"
Then they admitted...	every phone was a burner
Then they evicted...	an infamous Twitter-troll
Then they installed...	someone lacking bladder control
Then they rejoiced...	"The adults are back in charge!"
Then they watched...	death-counts grow twice as large
Then they claimed...	innocence
Then they feigned...	penitence
Then they demonized...	early treatment & anything generic
Then they called...	the Great Barrington Declaration barbaric
Then they ended...	careers
Then they stoked...	irrational fears
Then they manipulated...	the statistics
Then they replaced...	science with heuristics
Then they preached	mandates & immuno-mythology
Then they treated...	natural immunity more like scientology
Then they said...	masks were useless
Then they said...	masks weren't useless
Then they said...	masks were useless
Then they made...	even more claims which were proof-less
Then they rejected...	generics whose safety records were clear
Then they rushed...	EUA's for Rem-death-is-near
Then they changed...	the subject to Ukraine
Then they blamed...	Putin for inflationary pain
Then they recommended...	technocratic salvation

Then I recommended...   defenestration.

Know what?
I'm tired of...   being called ungrateful & cynical
I'm tired of...   each day bullshit reaching a new pinnacle
I'm tired of...   hearing about 'mild' myocarditis
I'm tired of...   being treated like unworthy detritus
I'm tired of...   riots being called "mostly peaceful"
I'm tired of...   public health officials being deceitful
I'm tired of...   truth being labeled 'conspiracy'
I'm tired of...   questioning Fauci being labeled as 'heresy'
I'm tired of...   debate rejected as "questioning science"
I'm tired of...   pretending the experts are intellectual giants
I'm tired of...   Trudeau treating truckers as traitors
I'm tired of...   ignoring that he's really Darth Vader
I'm tired of...   doctors being fact checked by media for sport
I'm tired of...   Fauci being more feared than Voldemort
I'm tired of...   the arrogance of "He who shall not be blamed"
I'm tired of...   reasonable hesitancy being shamed

The pandemic has clearly shown us that governments will never be the answer
Like water to a Mogwai, more power just metastisizes the cancer
These "Reset" Gremlins aren't the answer - they're the pollution
whatever the question, your "Reset's not the "Final Solution

Perhaps your machinations would look less like colluding
If your inner demons' horns weren't so frequently protruding
Spoiler Alert: 2 years of "Trusting the Science" has left me jaded
2 years of suffering through the 'fix' of a problem YOU created

In closing, I'll say - with all sincerity -
You should focus more on people, not the singularity
Defending Fauci is a Faustian Bargain with Mephistopheles
Kinda like when you sold your souls to the Big Tech oligopolies

~Rixey

J0K3R @Mr_Magoo5 · 6h

Replying to @NoMaloneZone

oh, no his back. how I don't know.

View Rule

Jikky the m... @... · Nov 22

Content hidden   View

Jikky the mo... @Th... · 23h

Content hidden   View

VIOLATION FOUND

We suspended @TheJikky's account for
breaking our abusive behavior rule. We found
they broke our abusive behavior rule through
different reports we received about their
behavior.

They aren't allowed to create new accounts.
We let people know that they've been

J0K3R @Mr_Magoo5 · 22 Nov

Replying to @VikkiSpit @lettielou05 and 7 others

this is a copy of Facebook.
we know 54 Life's have been lost. none from mRNA.
210,000 have died from the virus in the UK. If this is your partner. I feel
sorry for your lost. do you feel **sorry** for the 210,000 deaths from the
virus. and counting. Without the the vaccine.

4   1

From: Jeremy Farrar [(b) (6)]
Sent: Thursday, January 23, 2020 2:03 PM
To: Fauci, Anthony (NIH/NIAID) [E] [(b) (6)]; Richard Hatchett [(b) (6)]
Subject: nCo-V

Tony
Happy New Year!

Difficult to understand the advice from the Emergency Ctte at WHO.

Reach out if anything – best wishes Jeremy

On 23 Jan 2020, at 20:32, Fauci, Anthony (NIH/NIAID) [E] [(b) (6)]> wrote:

Jeremy:

I hope that all is well with you. Happy New Year! I, like you, am somewhat baffled by the recommendation of the Emergency Committee at WHO. They are probably hesitating to declare a PHEIC because they have not seen "sustained" human-to-human transmission in other countries that have cases such as Japan, Thailand, South Korea. I do not necessarily agree with that opinion. We have a rapidly evolving outbreak with the epicenter in Wuhan, but with multiple cities in China and multiple countries in Asia involved. To me, that would be enough for a PHEIC. But then again, I am not the one that decides.
Best regards,
Tony

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520

A GFP-4x126TS

miR-126: − + − − + − − + − − + −
miR-143: − − + − − + − − + − − +

37 kD — GAPDH
25 kD — GFP

Unmodified | Ψ | Ψ/m5C | m1Ψ

B

☐ Unmodified ▨ Ψ ■ Ψ/m5C ▧ m1Ψ

Relative GFP expression

#

miR-126-3p: 0.068* 0.123* 0.145* 0.318*
miR-143-3p

GFP-4x126TS

C

GFP-4x21TS | GFP-4x145TS | GFP-4x122TS

miR-21: − + − − − − − − −
miR-145: − − − − + − − − −
miR-122: − − − − − − − + −
miR-143: − − + − − + − − +

Unmodified:
37 kD — GAPDH
25 kD — GFP

m1Ψ:
37 kD — GAPDH
25 kD — GFP

E 5'UTR-1x126TS-GFP

miR-126: − + − − + − − + − − + − −
miR-143: − − + − − + − − + − − + −

Unmodified | Ψ | Ψ/m5C | m1Ψ | NTC

37kD — GAPDH
25kD — GFP

F

☐ Unmodified ▨ Ψ
■ Ψ/m5C ▧ m1Ψ

Relative GFP expression

miR-126-3p: 0.011* 0.090* 0.109* 0.057*
miR-143-3p

5'UTR-1x126TS-GFP

D

☐ Unmodified ▧ m1Ψ

Relative GFP expression

miR-21: + + − − − − − − − − − −
miR-145: − − + + − − − − − − − −
miR-122: − − − − + + − − − − − −
miR-143: − − − − − − + + + + + +

0.105* 0.194* 0.110* 0.329* 0.095* 0.210*

GFP-4x21TS | GFP-4x145TS | GFP-4x122TS | GFP-4x21TS | GFP-4x145TS | GFP-4x122TS

HOW VAX WORK? IT DONT

The Sassy Microbe
@thesassymicrobe

Replying to @Mr_Magoo5 @TakethatCt and 17 others

I don't understand the whole mouse thing. Are they embracing being plague rats or??

10:59 PM · Nov 23, 2022 · Twitter for iPhone

The Sassy Microbe 🦠🇺🇦🥽

@thesassymicrobe

You're blocked

You can't follow or see @thesassymicrobe's Tweets.
Learn more

Neutralizing Activity of BNT162b2-Elicited Serum.

6

Liu Y, Liu J, Xia H, Zhang X, Fontes-Garfias CR, Swanson KA, Cai H, Sarkar R, Chen W, Cutler M, Cooper D, Weaver SC, Muik A, **Sahin U**, Jansen KU, Xie X, Dormitzer PR, **Shi PY.**

Cite

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N Engl J Med. 2021 Apr 15;384(15):1466-1468. doi: 10.1056/NEJMc2102017. Epub 2021 Mar 8.

PMID: 33684280   **Free PMC article.**   No abstract available.

BNT162b vaccines protect rhesus macaques from SARS-CoV-2.

7

Vogel AB, Kanevsky I, Che Y, Swanson KA, Muik A, Vormehr M, Kranz LM, Walzer KC, Hein S, Güler A,

Cite

Loschko J, Maddur MS, Ota-Setlik A, Tompkins K, Cole J, Lui BG, Ziegenhals T, Plaschke A, Eisel D, Dany

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SC, Fesser S, Erbar S, Bates F, Schneider D, Jesionek B, Sänger B, Wallisch AK, Feuchter Y, Junginger H, Krumm SA, Heinen AP, Adams-Quack P, Schlereth J, Schille S, Kröner C, de la Caridad Güimil Garcia R, Hiller T, Fischer L, Sellers RS, Choudhary S, Gonzalez O, Vascotto F, Gutman MR, Fontenot JA, Hall-Ursone S, Brasky K, Griffor MC, Han S, Su AAH, Lees JA, Nedoma NL, Mashalidis EH, Sahasrabudhe PV, Tan CY, Pavliakova D, Singh G, Fontes-Garfias C, Pride M, Scully IL, Ciolino T, Obregon J, Gazi M, Carrion R Jr, Alfson KJ, Kalina WV, Kaushal D, **Shi PY**, Klamp T, Rosenbaum C, Kuhn AN, Türeci Ö, Dormitzer PR, Jansen KU, **Sahin U.**

Nature. 2021 Apr;592(7853):283-289. doi: 10.1038/s41586-021-03275-y. Epub 2021 Feb 1.

PMID: 33524990

Publisher Correction: Phase I/II study of COVID-19 RNA vaccine BNT162b1 in adults.

8

Mulligan MJ, Lyke KE, Kitchin N, Absalon J, Gurtman A, Lockhart S, Neuzil K, Raabe V, Bailey R, Swanson

Cite

KA, Li P, Koury K, Kalina W, Cooper D, Fontes-Garfias C, **Shi PY**, Türeci Ö, Tompkins KR, Walsh EE, Frenck

Share

R, Falsey AR, Dormitzer PR, Gruber WC, **Şahin U**, Jansen KU.

Nature. 2021 Feb;590(7844):E26. doi: 10.1038/s41586-020-03098-3.

PMID: 33469216   No abstract available.

Publisher Correction: COVID-19 vaccine BNT162b1 elicits human antibody and T$_H$1 T cell responses.

9

Sahin U, Muik A, Derhovanessian E, Vogler I, Kranz LM, Vormehr M, Baum A, Pascal K, Quandt J, Maurus

1   **BNT162b2-elicited neutralization of Delta plus, Lambda, Mu, B.1.1.519, and Theta SARS-CoV-2 variants.**

Cite
Share

Liu J, Liu Y, Xia H, Zou J, Weaver SC, Swanson KA, Cai H, Cutler M, Cooper D, Muik A, Jansen KU, **Sahin U**, Xie X, Dormitzer PR, **Shi PY**.

NPJ Vaccines. 2022 Apr 8;7(1):41. doi: 10.1038/s41541-022-00462-4.

PMID: 35396516   **Free PMC article.**

2   **SARS-CoV-2 Neutralization with BNT162b2 Vaccine Dose 3.**

Cite
Share

Falsey AR, Frenck RW Jr, Walsh EE, Kitchin N, Absalon J, Gurtman A, Lockhart S, Bailey R, Swanson KA, Xu X, Koury K, Kalina W, Cooper D, Zou J, Xie X, Xia H, Türeci Ö, Lagkadinou E, Tompkins KR, **Shi PY**, Jansen KU, **Şahin U**, Dormitzer PR, Gruber WC.

N Engl J Med. 2021 Oct 21;385(17):1627-1629. doi: 10.1056/NEJMc2113468. Epub 2021 Sep 15.

PMID: 34525276   **Free PMC article.**   Clinical Trial.   No abstract available.

3   **BNT162b2-elicited neutralization of B.1.617 and other SARS-CoV-2 variants.**

Cite
Share

Liu J, Liu Y, Xia H, Zou J, Weaver SC, Swanson KA, Cai H, Cutler M, Cooper D, Muik A, Jansen KU, **Sahin U**, Xie X, Dormitzer PR, **Shi PY**.

Nature. 2021 Aug;596(7871):273-275. doi: 10.1038/s41586-021-03693-y. Epub 2021 Jun 10.

PMID: 34111888

4   **BNT162b2-Elicited Neutralization against New SARS-CoV-2 Spike Variants.**

Cite
Share

Liu Y, Liu J, Xia H, Zhang X, Zou J, Fontes-Garfias CR, Weaver SC, Swanson KA, Cai H, Sarkar R, Chen W, Cutler M, Cooper D, Muik A, **Sahin U**, Jansen KU, Xie X, Dormitzer PR, **Shi PY**.

N Engl J Med. 2021 Jul 29;385(5):472-474. doi: 10.1056/NEJMc2106083. Epub 2021 May 12.

PMID: 33979486   **Free PMC article.**   No abstract available.

5   **BNT162b2 vaccine induces neutralizing antibodies and poly-specific T cells in humans.**

Cite
Share

Sahin U, Muik A, Vogler I, Derhovanessian E, Kranz LM, Vormehr M, Quandt J, Bidmon N, Ulges A, Baum A, Pascal KE, Maurus D, Brachtendorf S, Lörks V, Sikorski J, Koch P, Hilker R, Becker D, Eller AK, Grützner J, Tonigold M, Boesler C, Rosenbaum C, Heesen L, Kühnle MC, Poran A, Dong JZ, Luxemburger U, Kemmer-

AUTOPSY REPORT
FOR THE CORONER

Name: ████████

Forensic Medicine Case No: ████████

COPS Event No:

Coroner's Case No: --

Coroner: Deputy State Coroner ████████

Age: 5█

Sex: Male

Pathologist: ████████

Pathologist's qualifications: MBBS (Hons) BDiv FRCPA (Anatomical Pathologist), Post Fellowship Diploma in Forensic Pathology (Forensic Pathologist)

Time & date of autopsy: 09:00 hours on ████ 2021

Place of autopsy: Forensic Medicine Wollongong
Forensic & Analytical Science Service

OPINION

I acknowledge that I have read the Expert Witness Code of Conduct in Schedule 7 of the NSW Uniform Civil Procedure Rules 2005; and agree to be bound by the Code.

Based on what I have observed, my experience and training, and the information supplied to me:

████████████, died on ██████, 2021 at ████████████████████████████ NSW ████ and that the cause of death is as follows:

1. **DIRECT CAUSE:**
    Disease or condition directly leading to death:

    (a)   RAPIDLY PROGRESSING GRANULOMATOUS MYOCARDITIS FOLLOWING PFIZER COMIRNATY COVID-19 VACCINATION

    ANTECEDENT CAUSES:
    Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last:

    (b)

    (c)

2. Other significant conditions contributing to the death but not relating to the disease or condition causing it:

    CARDIAC SARCOIDOSIS
    HYPERTENSION

Untitled Sue Ieraci @Sueleraci · 4h

Replying to @jessica200671 @reignitedemaust and @KirralieS

No one has died as a result of vaccine-related myocarditis or pericarditis in Australia.

racgp.org.au

newsGP - TGA releases vaccine-related myocarditis severity details

Fewer than 1% of all likely myocarditis or pericarditis cases linked to mRNA vaccines in Australia have been treated in intensive care.

Untitled Sue Ieraci @Sueleraci · 4h

Replying to @jessica200671 @reignitedemaust and @KirralieS

Peta Revera @PetaRevera · 23h
Replying to @TheJikky
Jikky are you a NOD/ShiLtJ (001976) or a STZ-inducible Type 1 Diabetes mouse? Asking for a friend?

💬 1   🔁   ❤️ 5   ⬆️

Jikky the mouse 🐭 @TheJikky · 23h
Replying to @PetaRevera
Balb/c but got clothes on this time

💬 2   🔁   ♡ 11   ⬆️   📊

nonipbliss
@nonipbliss

Replying to @TheJikky and @PetaRevera

Nice lol

The following media includes potentially sensitive content. Change settings   View

3:39 PM · Nov 24, 2022 · Twitter for Android

Johanna 🇭🇺 🇳🇱 🇳🇿 @JohannaSzabo1 · 19 Nov

Replying to @BigBadDenis and @Mike_Honey_

I almost never tweeted before Covid, but it's been a great platform for science and information like yours, thank you 🙏

I'll be joining **Mastodon** too, and I copied my following list today, so I don't forget anyone.

I guess public health departments will default to FB

💬 1   🔁   ♡ 2   ⬆️

Johanna 🇭🇺 🇳🇱 🇳🇿 @JohannaSzabo1 · 23 Nov

Reasons not to leave Twitter

> **Amanda** 😄🩺👩🌻🌻🌻🇺🇦💙💛...   @oursharedval... · 23 Nov
>
> Replying to @xabitron1
>
> We are in an information war. If we leave, we are vacating the battlefield. Sure, it's comforting to only speak to like minded, but that will be a discussion of diminishing returns if the community fragments, and leaves no opportunity for others to hear a different point of view.

💬 2   🔁   ♡ 3   ⬆️

NIH⟫ National Library of Medicine
National Center for Biotechnology Information

Nucleotide | Nucleotide ▾ |

Advanced

❌ The requested page does not exist.

Score	Expect	Identities	Gaps	Strand
311 bits(344)	1e-82	172/172(100%)	0/172(0%)	Plus/Plus

```
Query  103  ACGGCTCTGCGACTCCGACGCCGGCAAGGTTTGGAGAGCGGCTGGGTTCGCGGGACCCGC  162
            ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  1    ACGGCTCTGCGACTCCGACGCCGGCAAGGTTTGGAGAGCGGCTGGGTTCGCGGGACCCGC  60

Query  163  GGGCTTGCACCCGCCCAGACTCGGACGGGCTTTGCCACCCTCTCCGCTTGCCTGGTCCCC  222
            ||||||||||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  61   GGGCTTGCACCCGCCCAGACTCGGACGGGCTTTGCCACCCTCTCCGCTTGCCTGGTCCCC  120

Query  223  TCTCCTCTCCGCCCTCCCGCTCGCCAGTCCATTTGATCAGCGGAGACTCGGC  274
            ||||||||||||||||||||||||||||||||||||||||||||||||||||
Sbjct  121  TCTCCTCTCCGCCCTCCCGCTCGCCAGTCCATTTGATCAGCGGAGACTCGGC  172
```

⬅ **hCDKN1B**

⬅ **Moderna**

Distribution of the top 4 Blast Hits on 1 subject sequences

Size (nt)

Size (nt)